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ABSTRACT

In order to counteract widespread stereotyping of adolescents and to provide a historical perspective on the lives of youth in Great Britain, this report compiles statistical data in six areas regarding adolescents and youth. Chapter 1, "Population, Families and Households," presents information on the population of the United Kingdom including age distribution of various racial/ethnic groups, discusses trends in marital stability and partnerships and parenthood outside marriage, and provides information on children/youth receiving out-of-home care. Chapter 2, "Education, Training and Employment," presents information on trends in educational attainment since the early 1980s, permanent exclusions (expulsions) from school, secondary education participation, and youth employment, with regional or sex differences highlighted. Chapter 3, "Physical Health," contains information on youth mortality and its causes, reasons for consulting with a physician, youth attitudes toward primary health care services, and information on dieting, drug or alcohol use, cigarette smoking, and sports and physical activity participation. Chapter 4, "Sexual Health," presents data on trends in age at first sexual intercourse, contraception use, pregnancy, abortion, birth rates, sexually transmitted diseases, HIV, and attitudes toward sex education. Chapter 5, "Mental Health," contains data on youth suicide rates, prevalence of psychiatric disorders, bullying, child abuse, and stressors. Chapter 6, "Crime," contains information on age differences in criminal convictions, juvenile justice, reconviction rates, and types of crimes committed. (Each chapter contains references.) (KB)

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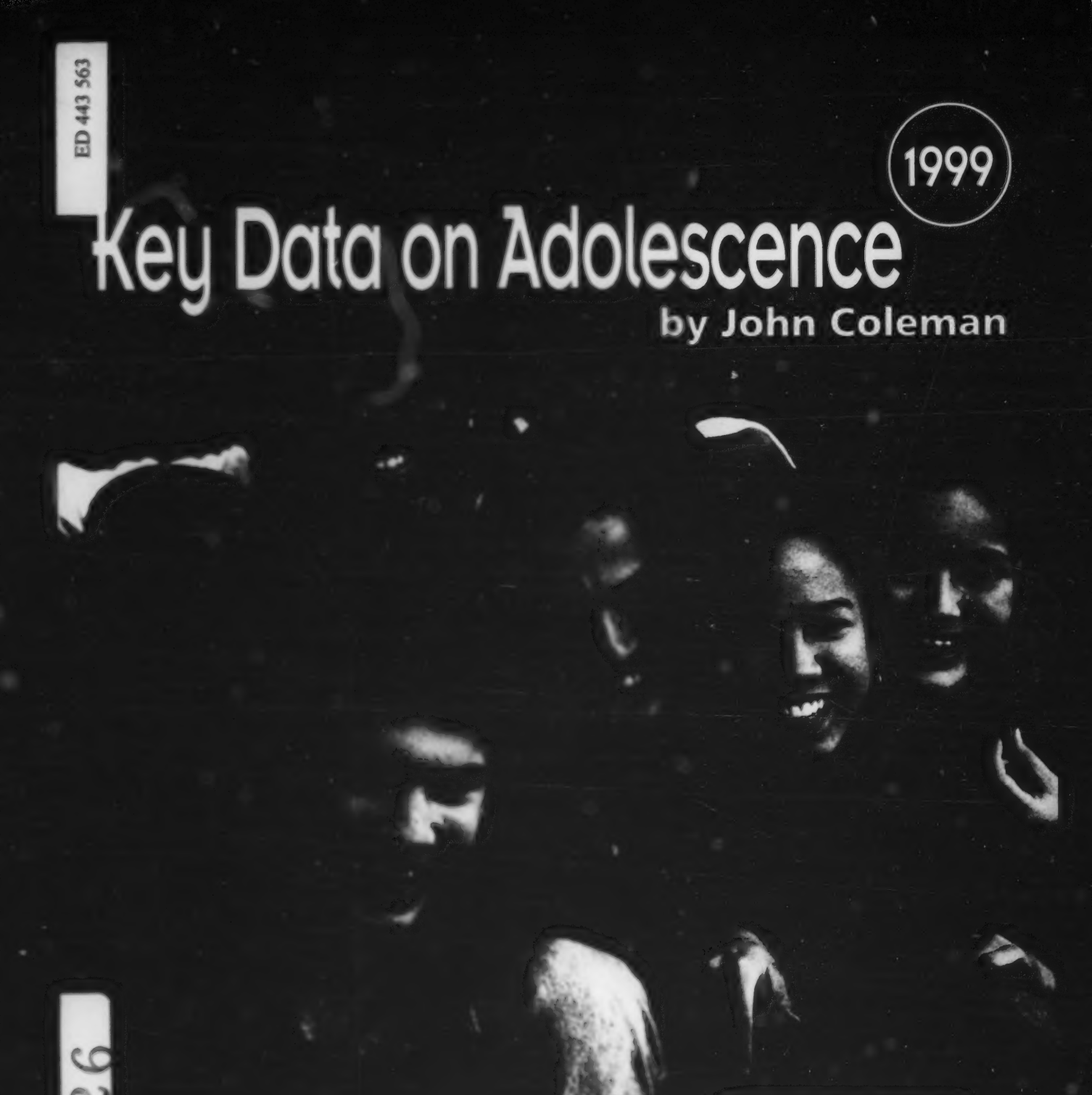
Key Data on Adolescence

by John Coleman



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research by
Helen Richardson
and Ian Vallender

1999

Key Data on Adolescence

by John Coleman

Trust for the Study of Adolescence

research by Helen Richardson and Ian Vallender

Published by the **Trust for the Study of Adolescence - TSA**

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The **Trust for the Study of Adolescence - TSA**, is an independent research organisation and registered charity based in Brighton. It was established in 1988 in order to carry out and to support research in this field, to provide information on adolescent development to parents and to professionals, and to address social and policy issues relating to young people.

TSA is currently working in five main areas, namely mental health, youth justice, communication, altruism and parenting. In addition to research TSA has an active conference and training programme, and a thriving publications department.

Dr. John Coleman, the Director of the Trust, has written widely on this subject. He is the Editor of the Journal of Adolescence, and the Editor of the Routledge series "Adolescence and Society". He is also the author of the textbook "The Nature of Adolescence", a third edition of which will be published in the autumn of 1999.

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Introduction:

To 'Key Data on Adolescence—1999'

It is now two years since the first edition of 'Key Data' was published by TSA. At the time we had no idea how it would fare, and what response we would get from professionals in the field. It is a pleasure to be able to report that the publication has been well received, and this has persuaded us that a second edition would be worthwhile.

Where possible all the information provided has been updated, although not all topics covered in the first edition have been covered here. We started with the idea of simply including new charts to match those provided in the 1997 edition, but in the event data to support this intention have not always been available. The presentation of statistics in the public domain changes over time, and material which was accessible two years ago has either been dropped or revised in such a fashion so as to make direct comparison impossible. Because of this we have looked at new topics in this edition, whilst retaining the broad structure of the first edition. We hope that readers will find the information of value, and we welcome feedback from anyone who uses this volume.

We are particularly pleased that we have been able to produce this edition as a joint venture with the National Council for Voluntary Child Care Organisations (NCVCCO). We appreciate their commitment to the venture, and record our gratitude for their support.

Dr John Coleman.

Introduction:

To the first edition of 'Key Data on Adolescence'

The genesis of this publication lies in the large number of enquiries received at the Trust's offices every week. Those answering the phones are continually struck by the range of questions asked by individuals seeking information about young people. What do we know about smoking in the 1990's? Has there been an explosion in the use of ecstasy among the young? How many teenage fathers are caring for their children? Do young people want the age of consent lowered to 14, or even to 12, as in Holland? What proportion of adolescents go straight to work at the age of 16? How many have part-time jobs? And so on.

These queries come from all quarters. Journalists and others in the media form a significant group, but so also do those working in voluntary organisations, those studying or carrying out research on adolescence, and those who are responsible for the planning of services for young people. At the Trust we took the view that the collection of some basic data on adolescence could be a useful exercise, and we are grateful to the Charities Aid Foundation, who provided funding to enable us to carry out this task. "Key Data on Adolescence, 1997" is the result.

It is important to be clear that this publication is not a textbook on the subject. It does not review theories of adolescence, nor does it summarise or discuss current research. It is essentially a compilation of statistical data, the selection of which has been guided by the most common questions asked of us by those who write or telephone for information. Of course some bias has inevitably operated in the selection process, and the limited amount of research we have drawn on has been included only because it throws light on a particular question which we consider to be important.

During the last two decades we in Britain have lived through some major social changes. Increasing divorce rates, rising unemployment, alterations in the education system, and growing pressure on health and welfare services, to take some examples, have had a profound impact on the young. In order to understand fully the nature of these changes it is necessary to have information available which provides some historical perspective on the lives of young people. Without such information it is only too easy for the formulation of policy to be based on political dogma or personal prejudice.

One of the central goals of the Trust is to provide information about adolescent development to professionals and to parents. We believe that young people suffer as a result of widespread stereotyping in our society. There is much ignorance about the teenage years, and many adults—even those in professional roles—view young people through distorted lenses. Some are frightened of young people and of their behaviour, while others are only able to see teenagers as moody, or uncommunicative, or self-centred. One way to correct these stereotypes, and to provide a more balanced picture of adolescents today, is to make sure that reliable information is available to professionals and to the public at large. It is our hope that this publication will represent some contribution to that end.

Dr John Coleman.

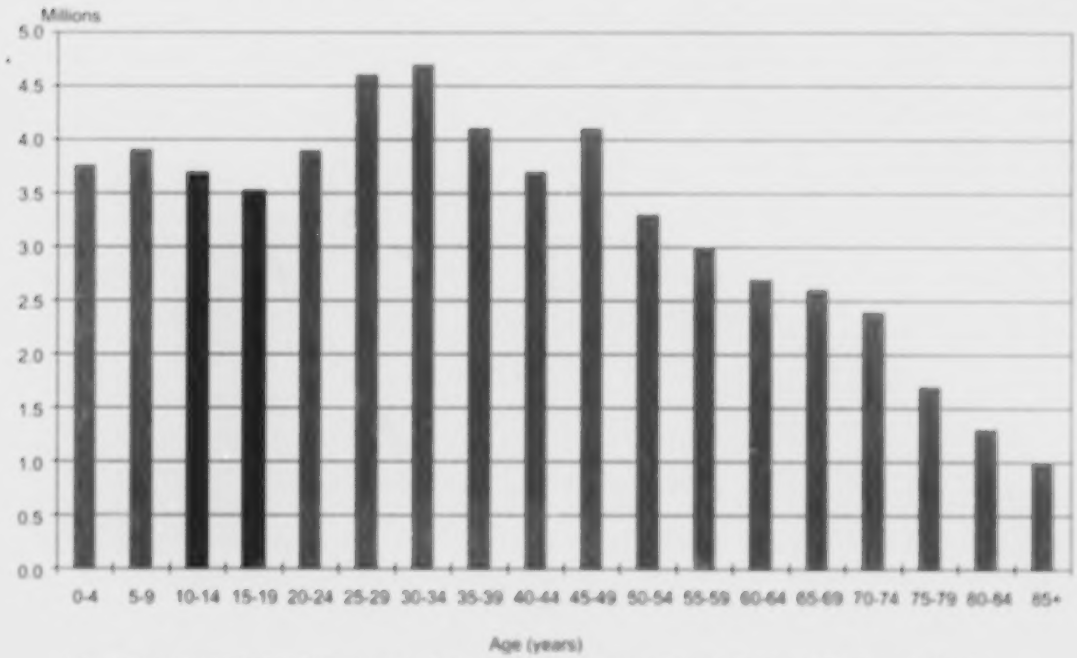
Chapter One

Population, Families, and Households

Population

In any consideration of young people and their place in our society we need to keep in mind the population figures. As can be seen in **Chart 1.1** there are approximately 7.2 million teenagers currently living in the United Kingdom. Of these nearly 3.7 million are between the ages of 10 and 14, whilst 3.5 million are between the ages of 15 and 19. Children under the age of 10 number 7.6 million, so there are somewhat more children than adolescents, but the difference is relatively small.

Population in the U.K., 1996 **1.1**



Source: Office for National Statistics and General Register Offices for Scotland and Northern Ireland.

If comparisons are made with older age bands it can be seen that the numbers are significantly higher in the age range 20-29, where there are a total of 8.3 million. It should also be noted that children and teenagers make up a quarter of the total population in the U.K., roughly similar to other European countries. However in countries in the developing world the proportion is more likely to be a half, or even more in some parts of Africa or South America.

As far as historical change is concerned it will be seen from **Chart 1.2** that the proportion of the population which is under 16 has fallen from 25% in 1961 to 21% in 1996. Projections from the Government Actuary's Department predict a continuing fall over the next twenty years to approximately 18% in 2021. By contrast the 25-34's and the over 75's have risen proportionately since 1961. The older age groups in particular are expected to continue to increase in numbers, from 12% in 1961 to a predicted 20% of the overall population in 2021.

Turning now to race and ethnicity, we can see from **Chart 1.3** that ethnic minority groups accounted for 3.4 million of a total population of 56.3 million in 1996-1997. In proportional terms this means that 6% of the population comes from an ethnic minority background. If these figures are analysed more closely in terms of age and ethnic origin, it can

Estimates and projections of U.K. population by age, 1961–2021 **1.2**

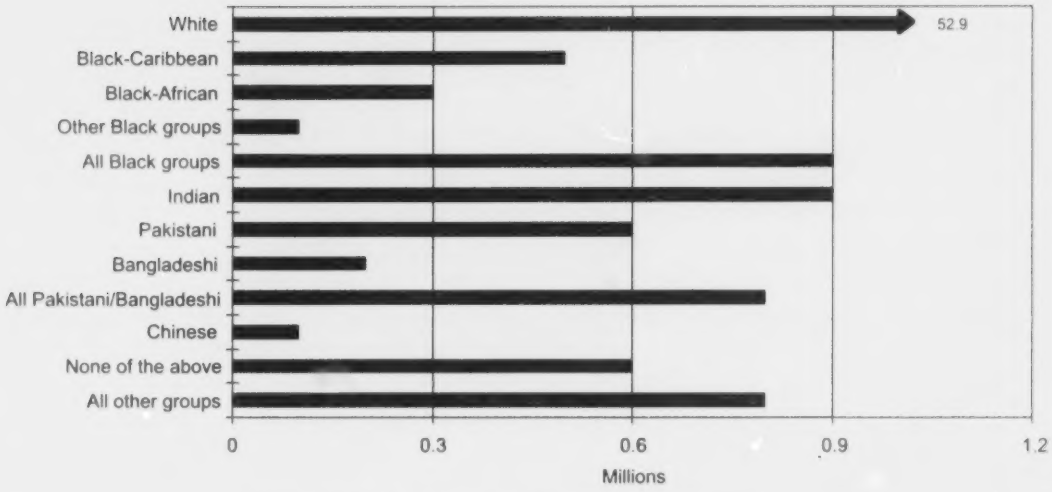
Percentages

	Under 16	16-34	35-44	45-54	55-74	75 and over
Mid-year estimates						
1961	25	25	28	14	20	4
1971	25	25	24	12	21	5
1981	22	28	23	11	20	6
1991	20	29	25	11	19	7
1996	21	27	27	13	19	7
Mid-year projections						
2001	20	25	28	13	18	7
2011	18	24	29	15	21	8
2021	18	24	25	13	25	9

Source: OPCS; Government Actuary's Department; General Register Office (Scotland); Statistics and Research Agency (N. Ireland).

be seen that there are important differences between ethnic groups. As is apparent from data in **Chart 1.4** there are wide variations in the age distribution of different populations. This is most marked in the Pakistani/ Bangladeshi group, where 39% of the population is under 16, in comparison with 20% in the white community.

U.K. population by ethnic group, 1996/97 **1.3**



Source: Labour Force Survey. Office for National Statistics.

U.K. population by age and ethnic group, 1996/97 **1.4**

Percentages

	Under 16	16-34	35-64	65 and over
Ethnic minority groups				
Black	29	37	29	5
Indian	27	32	36	5
Pakistani/Bangladeshi	39	35	23	3
Other	40	32	26	2
White	20	27	37	16
All ethnic groups	21	27	37	15

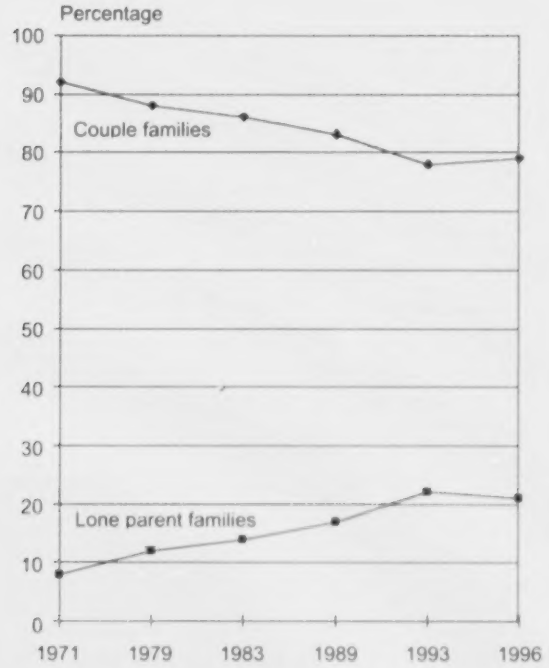
Source: Labour Force Survey, Office for National Statistics.

Such figures clearly have considerable significance for education and family life. It should be noted that this trend continues with the 16 - 34 age group, but gradually evens out among older groups. In the oldest group, however, the distribution is reversed, with the white community having a significantly higher proportion of its population over 65. 16% of white people are over 65, in contrast to between 2% and 8% of the ethnic minority population.

Families and Households

During the last thirty years a number of trends in relation to families and households have become apparent in most Western countries. These trends include a decrease in the stability of marriage, and an increase in partnerships and parenthood outside marriage. Such trends have had profound effects on children and young people. The change in family composition between 1971 and 1996 is shown clearly in **Chart 1.5**. Here it can be seen that the number of couple families with dependent children (usually defined as being up to the age of 16) has decreased from

Proportions of married/cohabiting couples and lone parents in Britain 1971–1996 **1.5**



Source: Living in Britain 1996: General Household Survey. ONS.

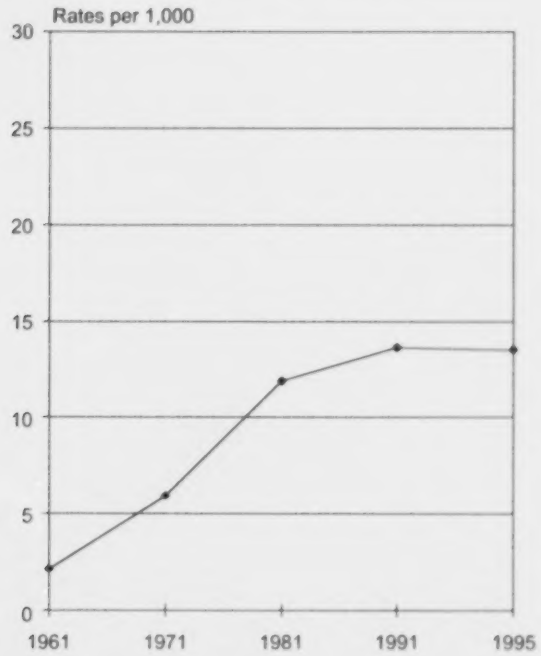
92% to 79% during this period. There has been a concomitant increase in families headed by a lone parent from 8% to 21% of all families over this timespan. Clearly this represents a major social change, and one that has implications not only for childcare and for the welfare state, but also for the very nature of parenthood.

The increase in lone parent families with dependent children is in part a result of increasing divorce rates. These rates are shown in **Chart 1.6,** indicating a rise from 2.1 per thousand in 1961, to 13.5 per thousand in 1995. Interestingly divorce rates are relatively equally distributed among age bands, as can be seen in **Chart 1.7**. It is often believed that the highest divorce rates are occurring in late adolescence and early adulthood, but this is not the case. Figures illustrated in this chart show that the highest rates are to be found in the 25-29 year age group.

Another common assumption is that the greatest number of lone parents are teenage parents. This has been an assumption fostered by the media, by politicians and by other commentators, and yet the reality is very different. As can be seen from **Chart 1.8** only 14% of all lone mothers fall into the 16-24 year age band, whilst hardly any lone fathers are under 30.

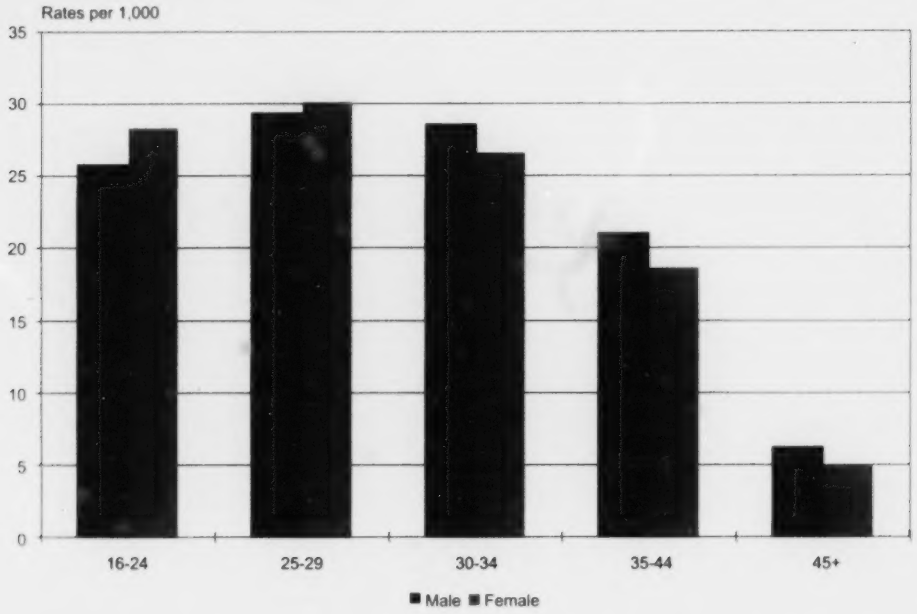
Rates of divorce per thousand married population in England and Wales, 1961–1995

1.6



Source: Social Focus on Families 1997. Office for National Statistics. ©Crown Copyright. 1999.

Rates of divorce by age and gender in England and Wales, 1995 **1.7**



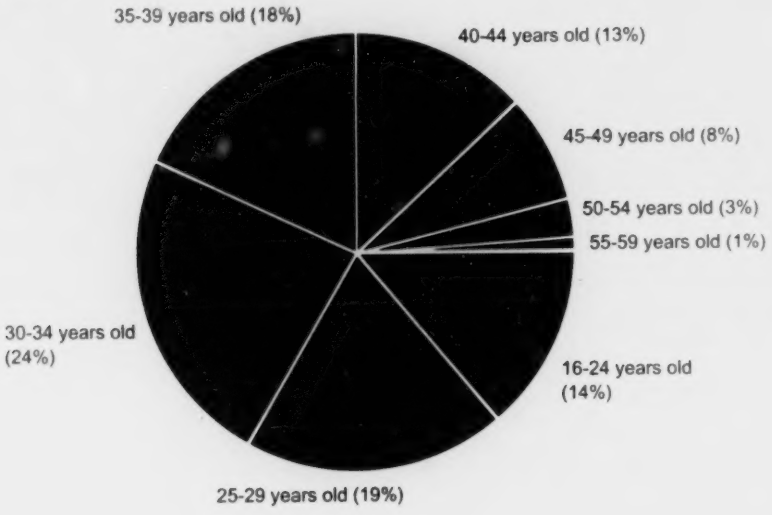
Source: Social Focus on Families 1997. Office for National Statistics. ©Crown Copyright. 1999.

Ethnicity is an important variable when considering family structure in Britain today. As can be seen from **Chart 1.9** there is considerable variation among ethnic groups in the proportions of couple families and lone parent families. Among families of Black origin there is a higher than average number of households headed by a lone parent, whilst among families of Indian, Pakistani or Bangladeshi origin there is a higher than average proportion of couple families.

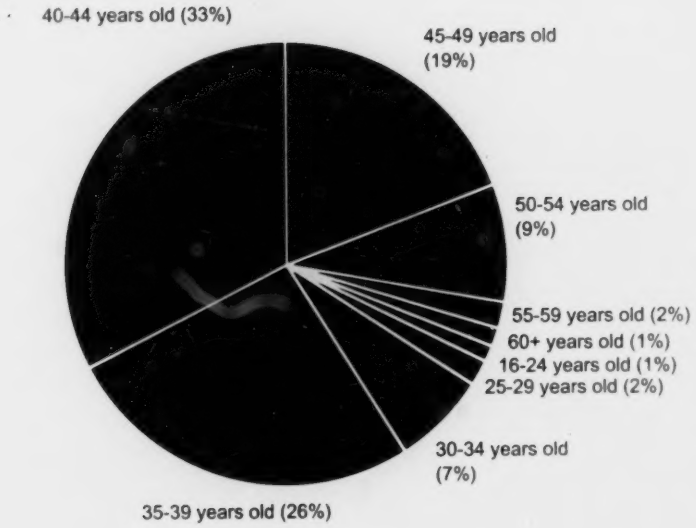
It was noted earlier that divorce was only one factor contributing to the rising number of lone parent families. Another factor may possibly be the growing tendency for children to be born outside marriage. Although many of these births are to women who are living in a stable partnership, some proportion will be to mothers on their own. As can be seen in **Chart 1.10** births outside marriage have increased markedly since the 1960's, with the most pronounced change being seen in the youngest group of parents. Thus in 1961 20% of births to the under 20's were outside marriage, whilst in 1996 88% of births fell into this category.

Lone parents in Britain, by gender and age, 1994-1996 **1.8**

Female


35-39 years old (18%)
40-44 years old (13%)
45-49 years old (8%)
50-54 years old (3%)
55-59 years old (1%)
30-34 years old (24%)
16-24 years old (14%)
25-29 years old (19%)

Male


40-44 years old (33%)
45-49 years old (19%)
50-54 years old (9%)
55-59 years old (2%)
60+ years old (1%)
16-24 years old (1%)
25-29 years old (2%)
30-34 years old (7%)
35-39 years old (26%)

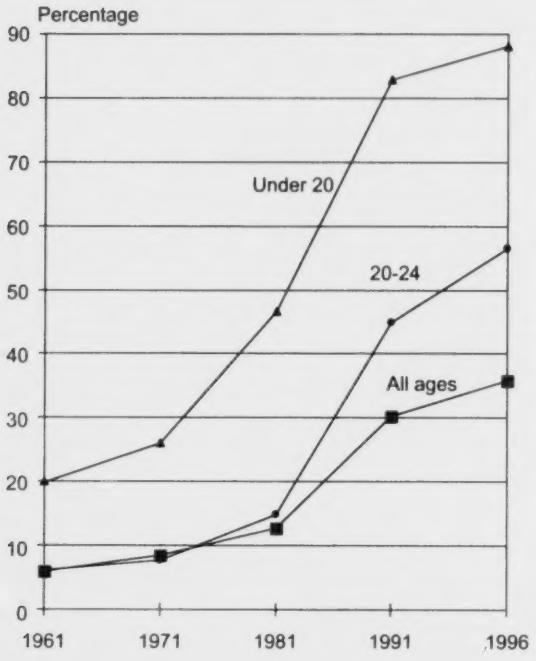
Source: General Household Survey, Office for National Statistics.

Families with dependent children: by ethnic group, 1996 **1.9**

	All	Couples	Lone parents
White	100	78	22
Black	100	44	56
Indian	100	87	13
Pakistani/Bangladeshi	100	83	17
Other groups	100	72	28
All ethnic groups	100	77	23

Source: Labour Force Survey, Office for National Statistics.

Births outside marriage, England and Wales, 1961–1996 **1.10**



Source: Population Trends, 1990. Winter 1997. Office for National Statistics.

Another reflection of the way in which families have become more diverse has been the increase in the number of children and young people growing up in stepfamilies. As can be seen from **Chart 1.11** approximately 7.3% of all families with dependent children are stepfamilies. This represents somewhere in the region of one million children, and the National Stepfamily Association estimates that there are a further one million children and young people who experience part-time stepfamily arrangements.

The last question to be considered in this section is that of leaving home. There is general agreement that young people are staying at home longer than in previous decades, and that many who leave home to go to college return to the family home again after their studies are completed.

Stepfamilies and families with dependent children, 1991-1993 **1.11**

Percentages

	1991-1993
Married couple stepfamilies	
Stepfather/natural mother	4.3
Stepmother/natural father	0.5
Stepfather/stepmother	0.2
All married couple stepfamilies	5
Cohabiting couple stepfamilies	
Stepfather/natural mother	2
Stepmother/natural father	0.2
Stepfather/stepmother	0.1
All cohabiting couple stepfamilies	2.3
Lone parent families	20.9
Couple families with natural children only	71.8
All families with dependent children	100

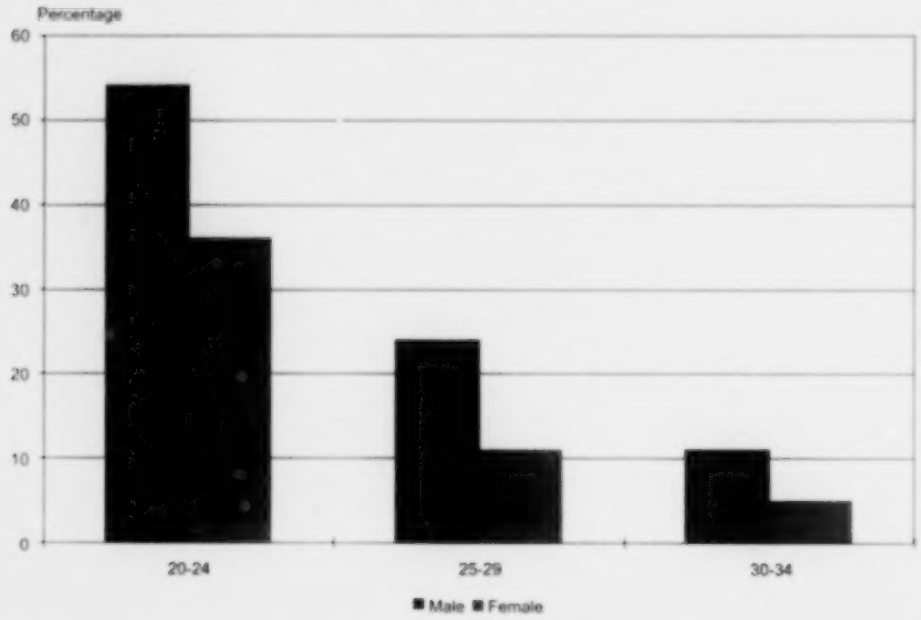
Source: Social Focus on Families, 1997. Office for National Statistics. ©Crown Copyright. 1999.

There is relatively little comparative data on this subject, apart from the work of Jones (1995). She compares figures for 1987 and 1991, and shows that during this period there was a rise in the number of young adults living in the parental home, but only if you include figures on those who have left home and then returned later. As she says:

> Whereas in the 1950's and 1960's leaving home was almost always associated with marriage, young people now leave home for other reasons, such as to study, to work or because they want to live independently like their peers. The transition out of the parental home has changed from being one-way to being reversible, as young people increasingly return home as part of the process, and therefore leave home more than once.
>
> (Jones 1995, p. 37)

Figures set out in Chart 1.12 show that in Britain in 1995/1996 54% of young men in the 20-24 year age band were still living with their parents, whilst 36% of young women were doing so. The gender difference is striking, showing how males continue to be dependent on their family of origin for a much longer period than females. Indeed even in the older groups a significant proportion of young men remain in the parental home.

Numbers living in the parental home, in England by age and gender, 1995/96 **1.12**



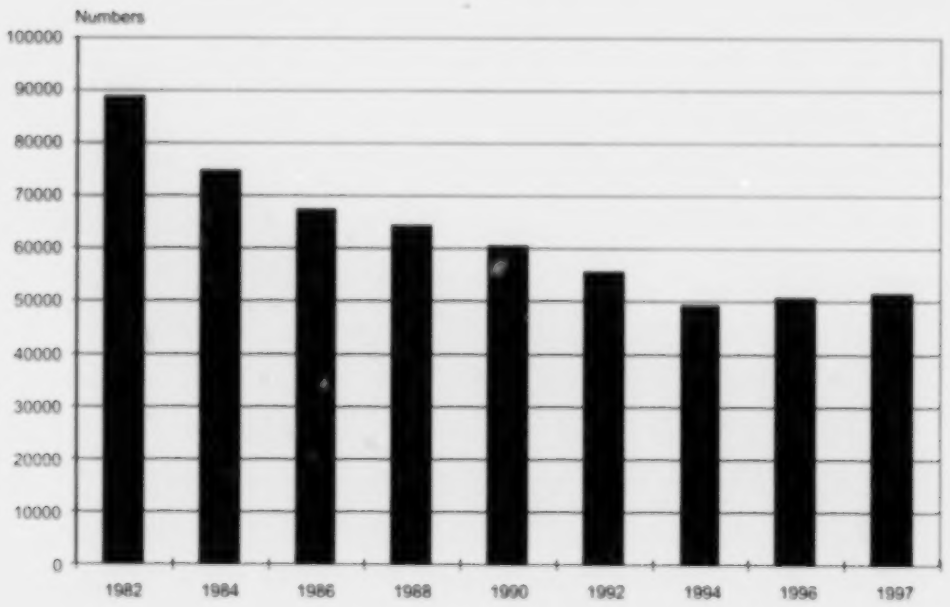
Source: Social Focus on Families, 1997. Office for National Statistics. ©Crown Copyright. 1999.

Children and Young People in Care/Looked After

Although the numbers may be relatively small, those children and young people being looked after by local authorities are a significant minority, perhaps most importantly because of their vulnerability. As is well known there has been a slow but steady reduction in the numbers of those in this group since the beginning of the 1980's, although a slight upturn has become apparent in the last three years. Figures in **Chart 1.13** show that the population of children and young people in care in England has dropped from approximately 89,000 in 1982 to 51,000 in 1997. As far as gender is concerned figures in **Chart 1.14** show that, although boys have always outnumbered girls amongst this population, the proportion of boys to girls has altered over the years, with girls now coming closer to 50% of the in-care population. Figures from Scotland and Wales are illustrated in **Charts 1.15** and **1.16**.

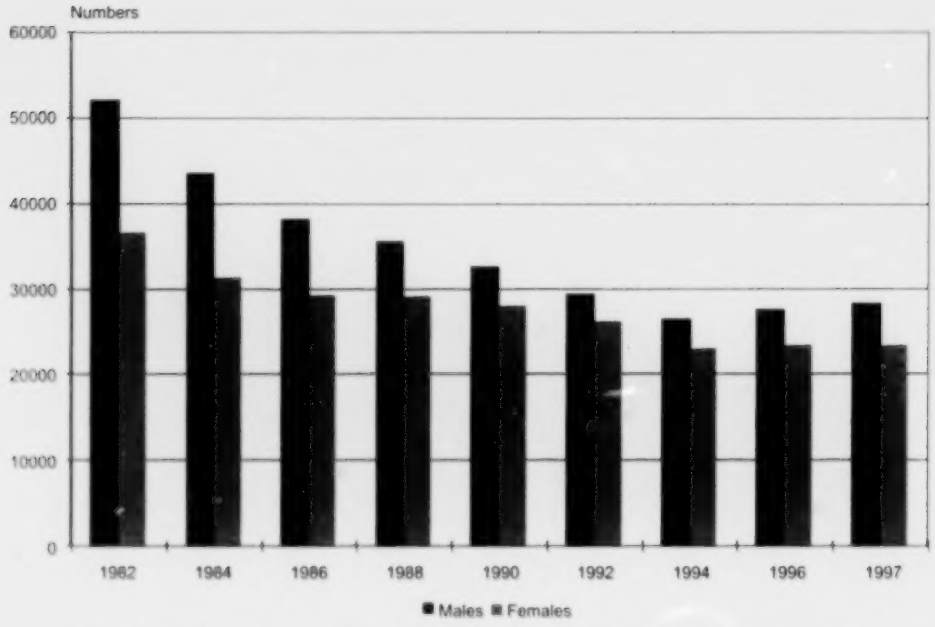
The age distribution of children and young people being looked after in England in 1997 is set out in **Chart 1.17**. From this it can be seen that by far the greatest number are in the 10-15 year age group. Some 42% of the total are in this age band, a reflection of the reluctance of social services departments to place younger children in care.

Children in care/looked after in England, 1982-1997 **1.13**



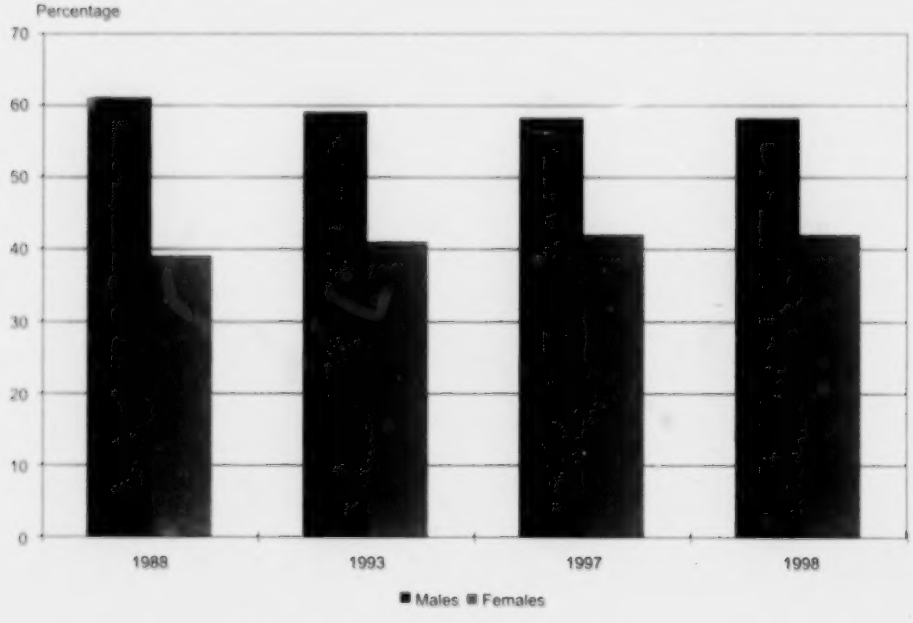
Source: Social Focus on Families, 1997. Office for National Statistics. ©Crown Copyright. 1999.

Children in care/looked after in England, by gender, 1982-1997 **1.14**



Source: Social Focus on Families, 1997. Office for National Statistics. ©Crown Copyright. 1999.

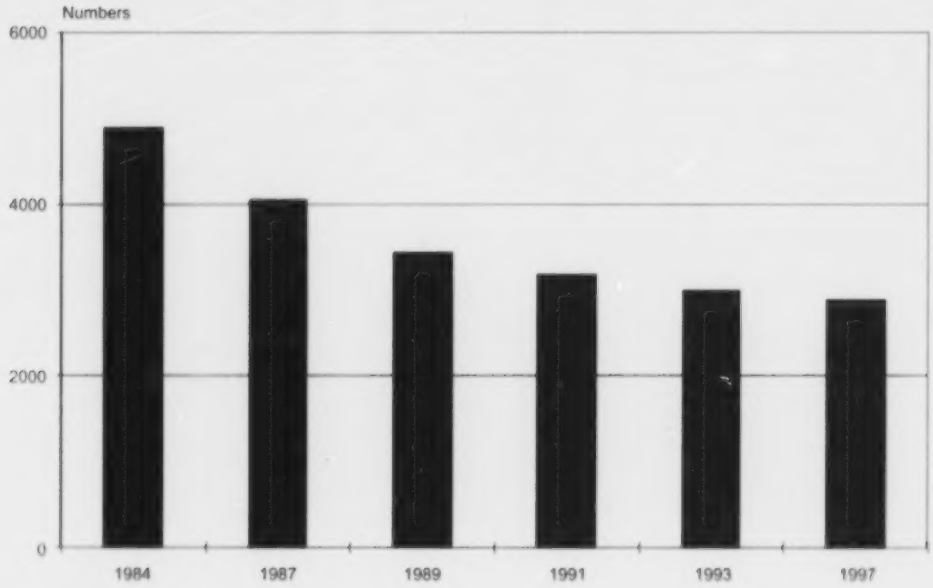
Children in care/looked after in Scotland, by gender, 1988-1998 **1.15**



Source: Information on Looked After Children, 1998. Scottish Office.

Children in care/looked after in Wales, 1984-1997

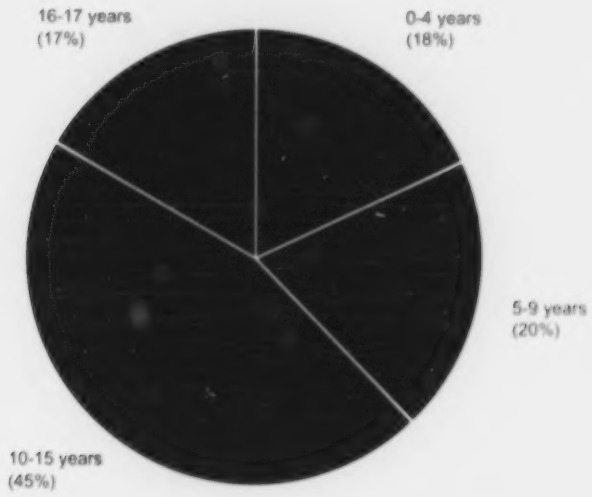
1.16



Source: Welsh Office.

Children and young people in care/looked after in England by age, 1997

1.17



Source: Children Looked After by Local Authorities for the Year Ending 31 March 1997. Department of Health, 1998.

Finally it is of some interest to see how these placements are distributed. Figures in **Chart 1.18** illustrate the placements for the adolescent population, showing that somewhere in the region of 20% are placed in residential care. A high proportion are placed in foster care — among the 10-15 year olds approximately two thirds receive this type of placement. In comparison with other ages teenagers are more likely to be placed in residential care, and if so they are more likely to be in community homes rather than in other placements. However there seems to be little difference between age groups in the proportions living in foster families.

Children and young people in care/looked after in England, by placement, 1997

1.18

Numbers

Placements	All ages	10-15	16 and over
All children looked after	51600	21400	9100
Foster placements	33400	13900	4800
Other community placements	8900	2100	1800
Community homes	5200	3400	1300
Voluntary homes and hostels	490	210	250
Private registered children's homes	780	500	170
Schools and associated homes and hostels	930	650	220
Other accommodation	1800	680	550

Source: Social Focus on Families, 1997. Office for National Statistics. ©Crown Copyright. 1999.

References

Jones, G (1995) Leaving home. Buckingham. Open University Press.

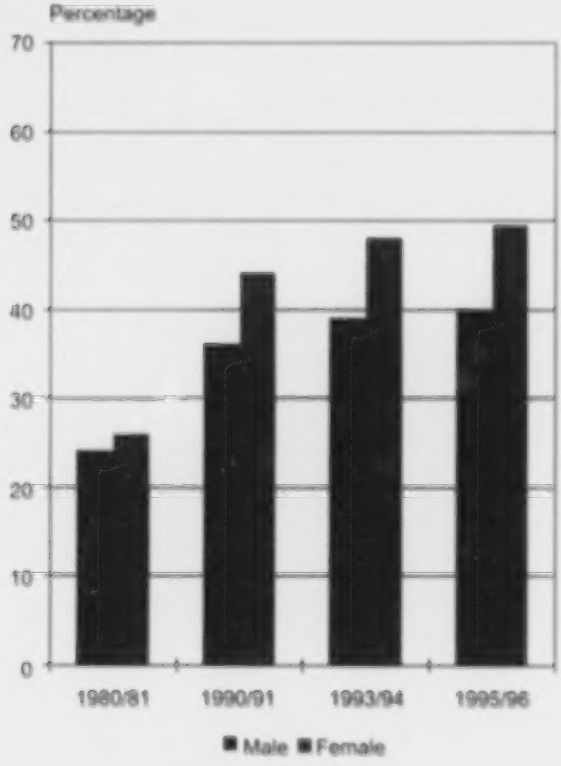
Chapter Two

Education, Training and Employment

Education and Training

The world of education has changed substantially over the last decade. To some extent this has to do with the changing labour market, and the fact that it has become the norm for the great majority of young people to

5 or more GCSE's, grades A–C, by gender in England, 1980–1996 **2.1**



Source: Regional Trends 33. The Stationery Office, 1998.

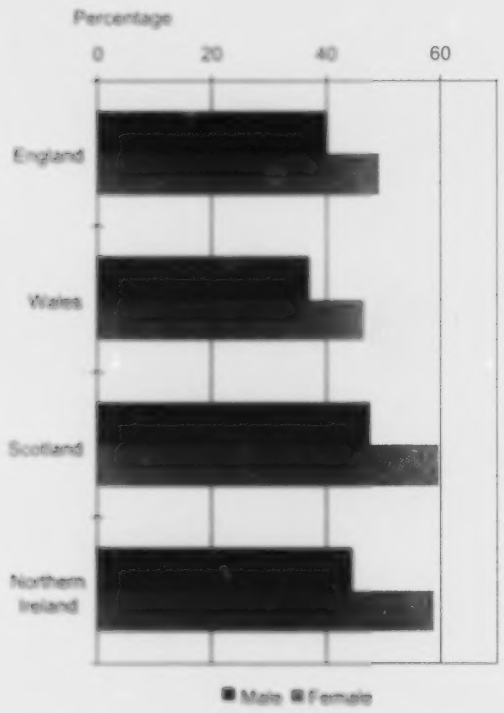
enter some form of continuing education or training between the ages of 16 and 18. The result of this has been an expansion of the higher and further education sectors, as well as a continuing review of the effectiveness of government training schemes.

The difficulty of finding a job has meant that qualifications have become more important, and pressure to obtain good qualifications may be related to improvements in examination performance. Figures in **Chart 2.1** show a striking increase in numbers obtaining five or more GCSE's between 1981 and 1991, with a more gradual but continuing improvement since 1991. It will be apparent that young women are showing a greater improvement than young men, although males are also performing at a higher level than was the case fifteen or twenty years ago.

In **Chart 2.2** comparisons are drawn between the four countries of the U.K., and it is evident that performance is better in Scotland and in

5 or more GCSE's, grades A-C, by gender, in the four countries of the U.K., 1995/96

2.2



Source: Regional Trends 33. The Stationery Office, 1998.

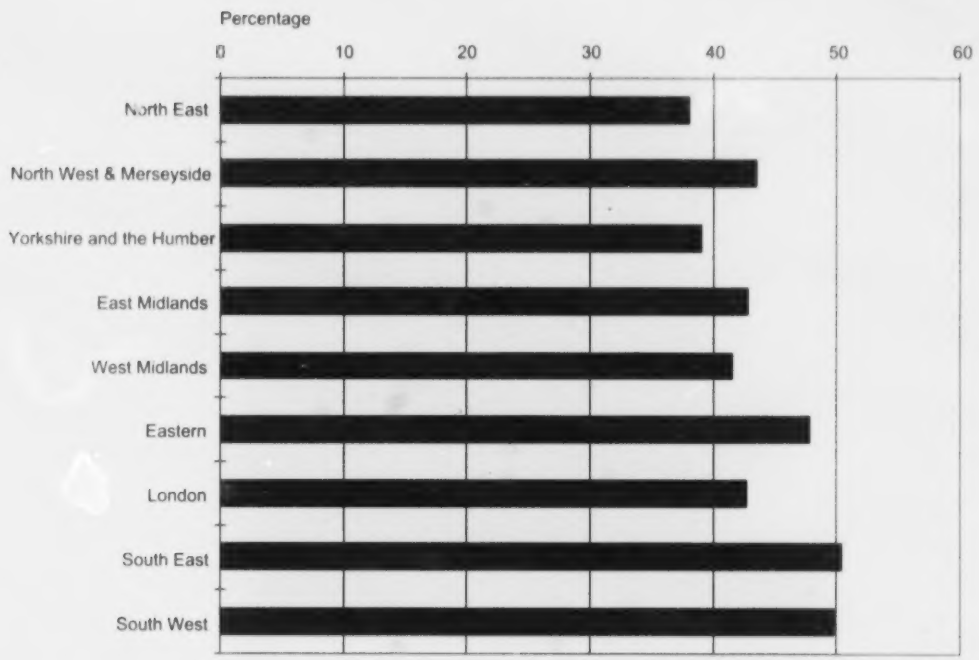
Northern Ireland than it is in England and Wales. Figures in **Chart 2.3** illustrate regional variation within England, showing higher levels of achievement in the south of the country, and lower levels in the North East and on Merseyside.

Turning now to A levels, figures in **Chart 2.4** show that young women are still performing better than their male counterparts, although there is less of a difference than at the GCSE stage. There have been few changes in overall numbers achieving A levels in the period 1993/1994 to 1995/1996.

A major concern of education commentators in the 1990's has been the sharp rise in those excluded from school. The most recent figures are illustrated in **Chart 2.5**, which shows that in 1996/1997 there were 12,700 permanent exclusions in England. Thus numbers are continuing to rise, a trend which should give cause for considerable anxiety. The data in **Chart 2.6** show that of these exclusions 83% are from secondary

5 or more GCSE's, grades A-C, by regions of England, 1995/96

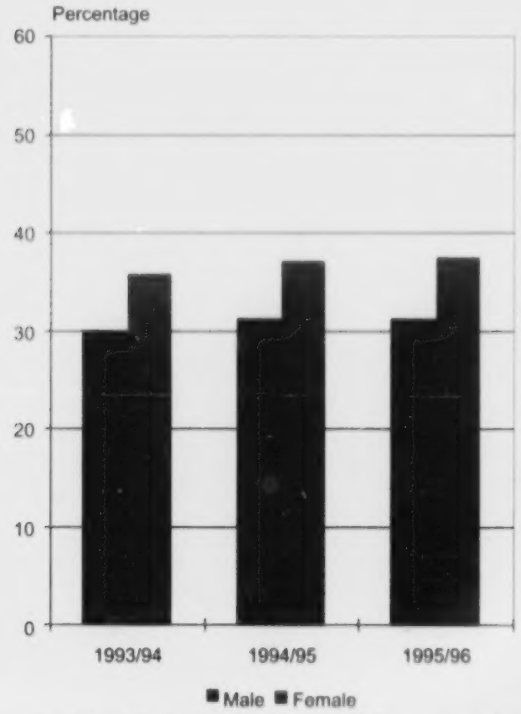
2.3



Source: Regional Trends 33. The Stationery Office, 1998.

1 or more A level, by gender, in England, as a percentage of all in the 17 year age group, 1993/94-1995/96

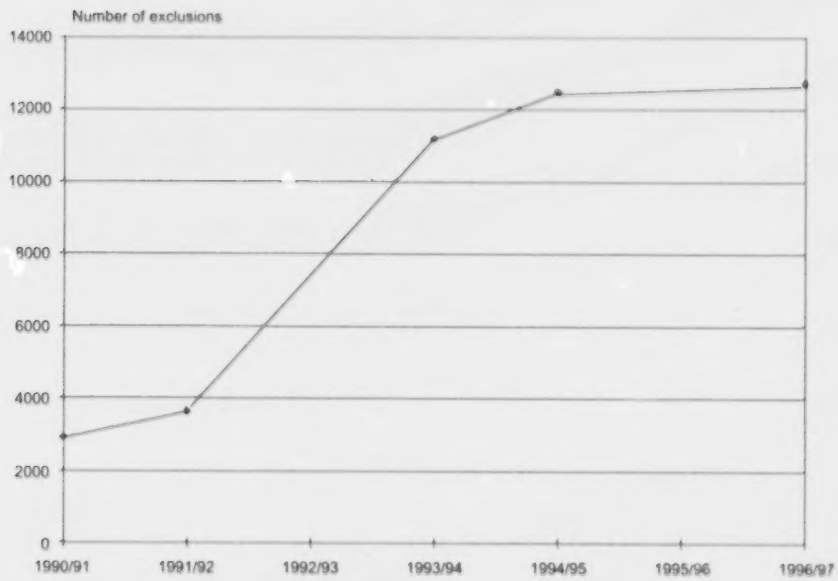
2.4



Source: Statistical Bulletin 6/97. May 1997. Department for Education and Employment.

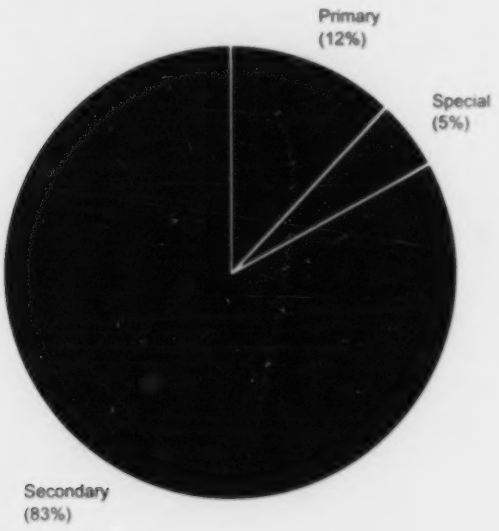
Permanent exclusions from schools in England, 1989–1997

2.5



Source: Statistical Bulletin 451/98. Department for Education and Employment.

Proportions of exclusions in different schools, 1996-1997 **2.6**



Source: Bulletin 451/98. Department for Education and Employment.

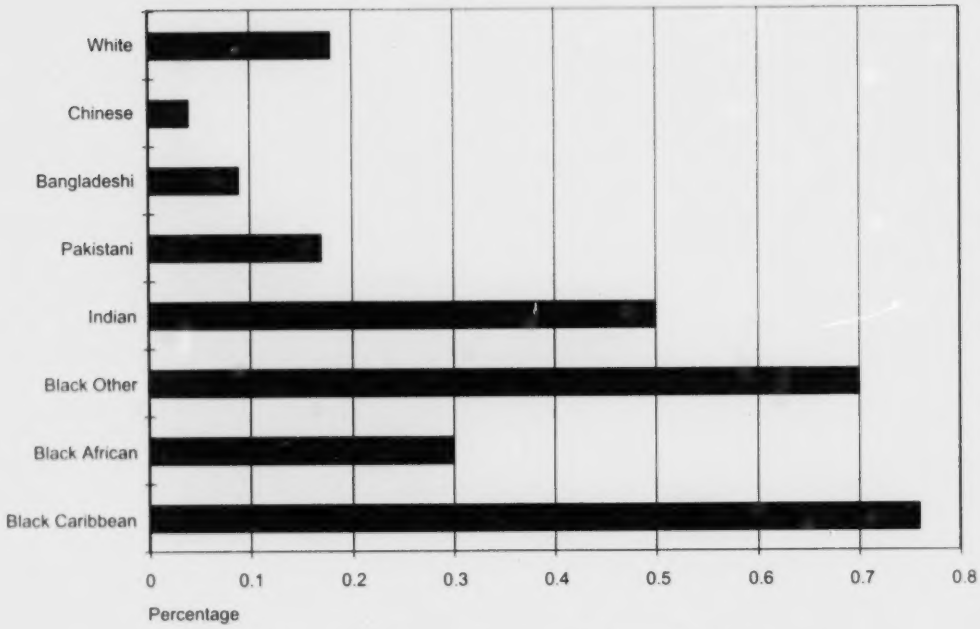
schools, whilst 12% are from primary school. Of all those excluded from school 83% are male, a statistic which reflects the preponderance of boys involved in anti-social and challenging behaviour.

Another extremely worrying aspect of school exclusions is the high number of ethnic minority young people who fall into this category. Figures in **Chart 2.7** show that whilst the exclusion rate for White pupils is 0.18%, the rate for Black Caribbean young people, for example, is 0.76%. This is an element of the school exclusion picture which requires urgent attention.

Staying with the theme of ethnicity, as might be expected there is marked variability in examination performance between ethnic groups in Britain. This is reflected in figures provided by Hagell and Shaw (1996). These authors report data in which comparisons are drawn between GCSE attainment levels amongst young people in Year 11 from different ethnic populations, as can be seen in **Chart 2.8**. Since it is sometimes argued that adolescents from ethnic minority groups do less well than others in examinations, it is instructive to note that both the highest and

Permanent exclusions from school in England by ethnic group, 1995/96

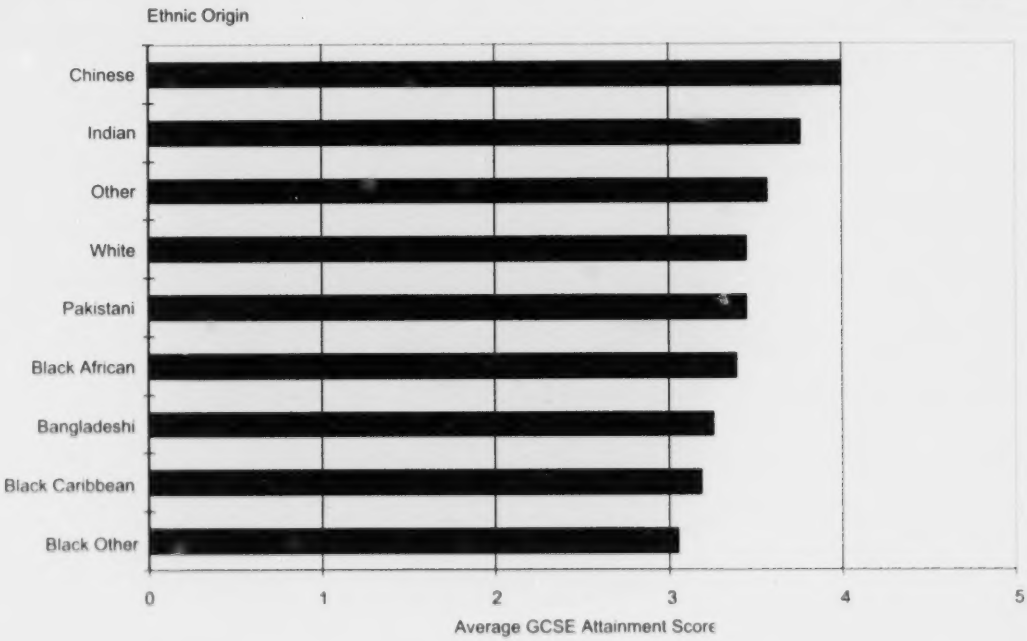
2.7



Source: Bulletin 451/98. Department for Education and Employment.

Year 11 GCSE attainment by ethnic group

2.8



Source: Hagell and Shaw (1996).

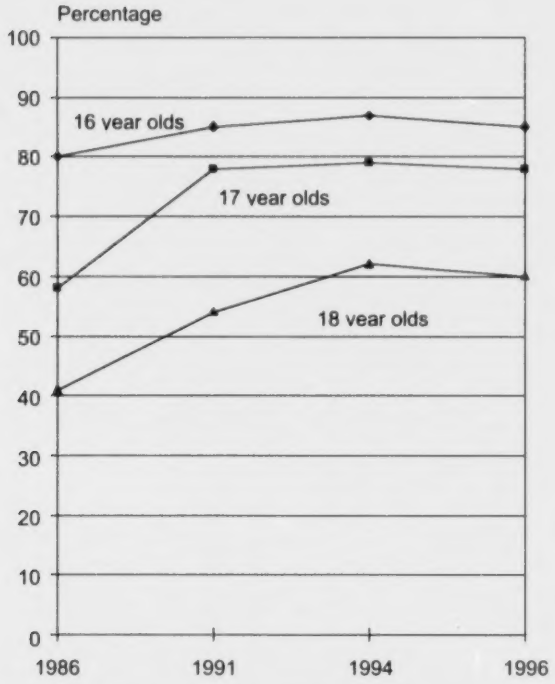
lowest achieving groups are ethnic minority groups.

As was noted above, a key change over the last twenty years has been the increased numbers staying on in education or training post-16. A substantial shift is illustrated in **Charts 2.9 and 2.10**, which shows the numbers in this sector over a ten year period. It will be apparent that the greatest increase has taken place in the oldest group of adolescents, with the sharpest rise occurring amongst young women.

In terms of the distribution of activities within the 16 to 18 year old groups it will be seen from **Chart 2.11** that the numbers in education and training fall with age, while there is a concomitant increase in those outside this sector. An international comparison is provided in **Chart 2.12**, illustrating the fact that the U.K. lags well behind many other economically advanced European countries in education participation rates for the over 16's.

Young men in education and training in the U.K., 1986-1996

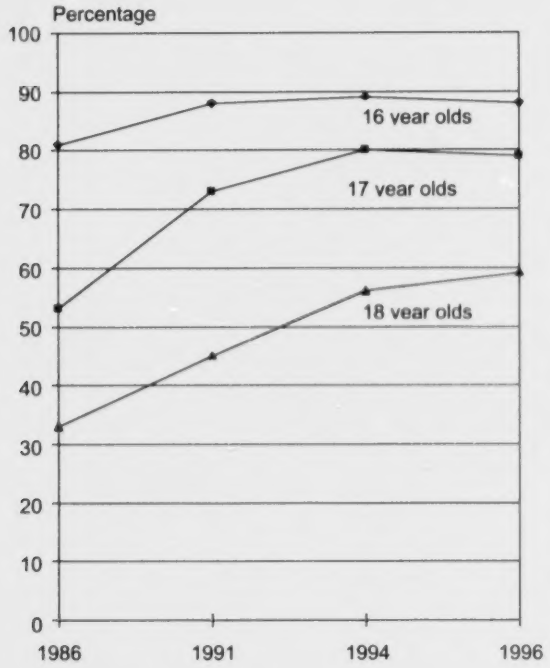
2.9



Source:Social Trends, 28. The Stationery Office.

Young women in education and training in the U.K., 1986-1996

2.10



Source:Social Trends, 28. The Stationery Office.

Participation rates in post-compulsory education and training for young people between 16 and 18 in England, 1996/97

2.11

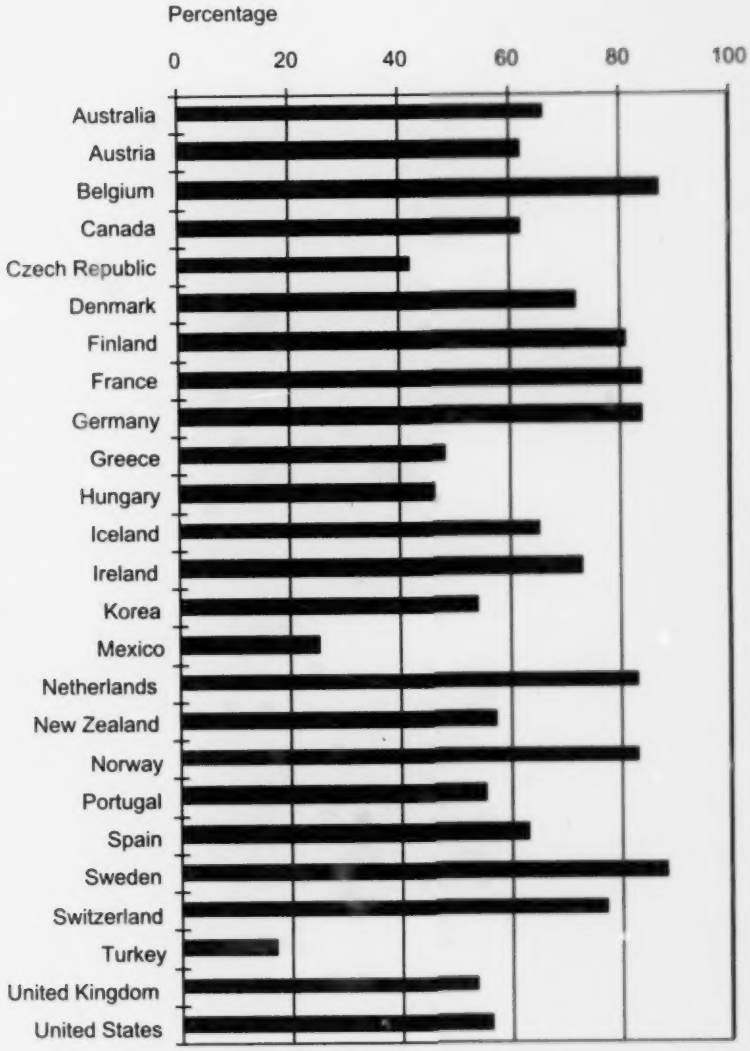
Percentages

	16	17	18
In all Education and Training	86.4	78.7	59.7
Further education & part-time education	77.3	66.4	46.9
All Government supported training	10.1	11.5	8.6
Employer funded training	2.0	3.3	4.5
Other education and training	4.8	6.7	9.0
Not in any education or training	13.6	21.3	40.3

Source: Education and Training Statistics for the United Kingdom, 1997. Department for Education and Employment.

Participation in education at age 18 in different countries, 1995

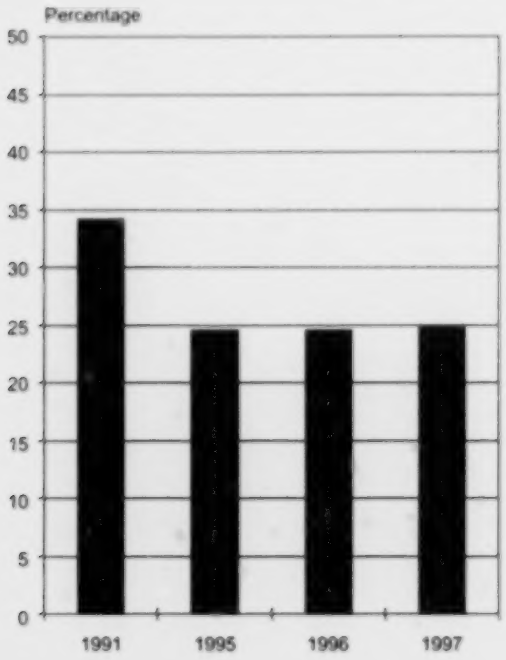
2.12



Source: OECD, Education at a Glance. 1997.

Finally in this section it is instructive to compare rates of those in England not involved in any education or training during the 1990's. As will be noted from **Chart 2.13** there was a marked decrease in numbers in this group in the earlier part of the decade, but there has been little reduction in the size of the group since 1995.

Percentages of 16-18 year olds not in any education or training in England, 1991-1997 **2.13**



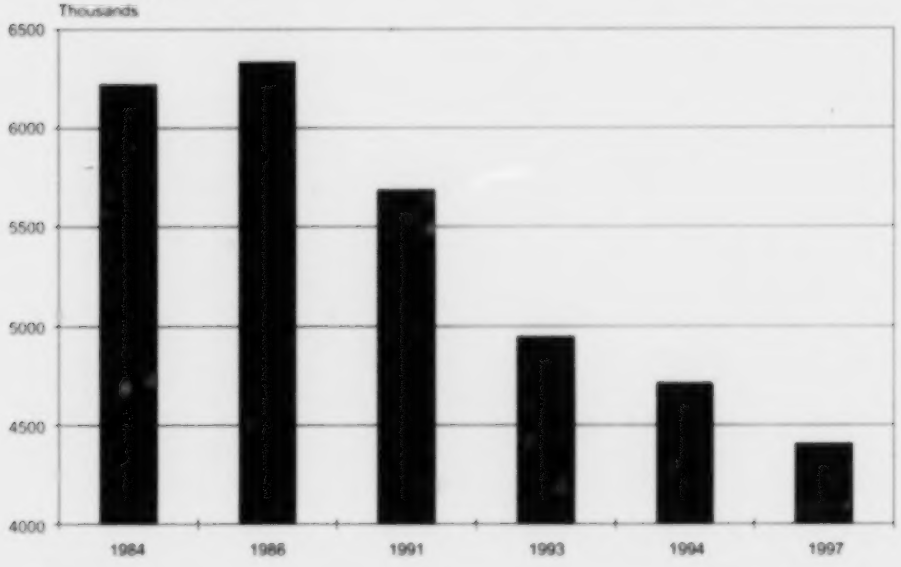
Source: Education and Training Statistics for the UK, 1997. The Stationery Office.

Employment

As has been indicated in the previous section the changes in the labour market over the last twenty years have been profound, and have had a substantial impact on young people in all walks of life. In looking at this complex subject let us start by considering the actual size of the work force. Figures shown in **Chart 2.14** indicate that the numbers of 16 to 24 year olds in the work force in Britain have fallen by a significant margin since 1986. While this may to some extent be due to a fall in the

Numbers of 16–24 year olds in the labour force, in the U.K., 1984–1997

2.14



Source: Labour Force Survey. Office for National Statistics.

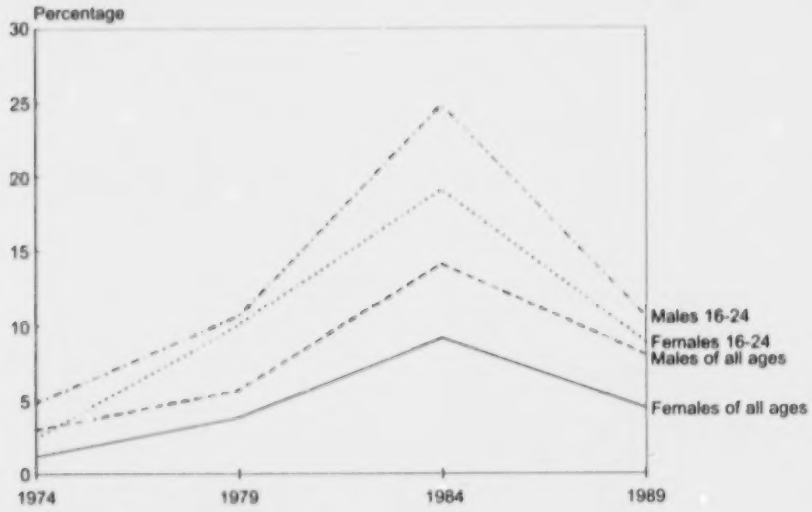
population amongst this age group, a greater contribution to the decrease is the fact that - as we have seen - more and more young people are continuing in education beyond the school leaving age of 16.

There seems little doubt that the decrease in the numbers of adolescents and young adults in the labour market has to do with a shrinking pool of jobs for this age group, and this leads us on to the subject of unemployment. While it may be something of an irony that a discussion of employment in relation to young people has to concentrate to a large extent on patterns of unemployment, the truth is that youth unemployment is a major social issue. In trying to understand this phenomenon it is instructive to start with a glance at the 1980's, for as can be seen from **Chart 2.15** it was at this time that the extent of the problem first became apparent.

Both young men and young women were more affected by increasing unemployment than were older age groups, but it was young males in particular who suffered most. While 5% of males between the ages of 16 and 24 were unemployed in 1974, this figure had risen to 25% in 1984. Inevitably there were political, social and psychological consequences

Percentage of unemployed by age and gender, in the U.K., 1974–1989

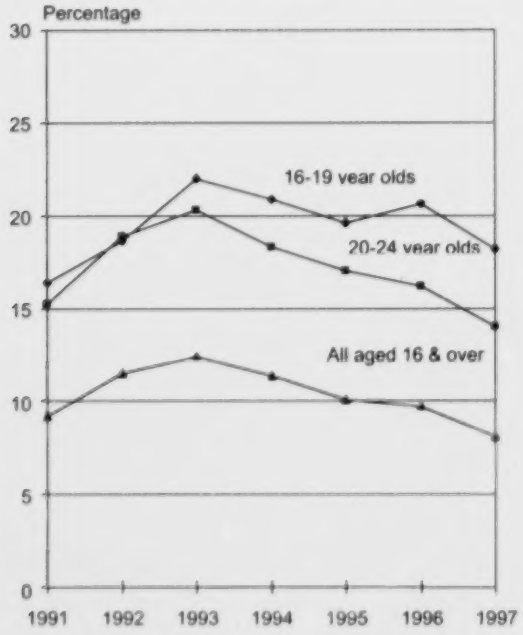
2.15



Source: Labour Force Statistics, OECD.

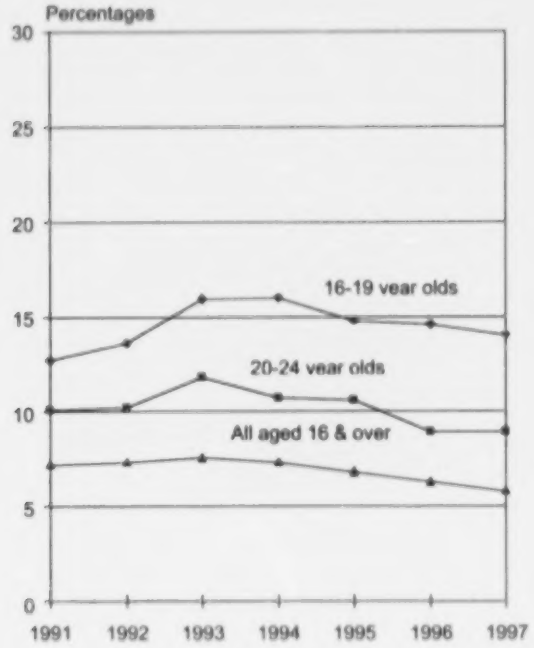
Unemployment rates for young men in the U.K., 1991-1997

2.16



Source: Labour Force Survey, Office for National Statistics.

Unemployment rates for young women in the U.K., 1991-1997 **2.17**



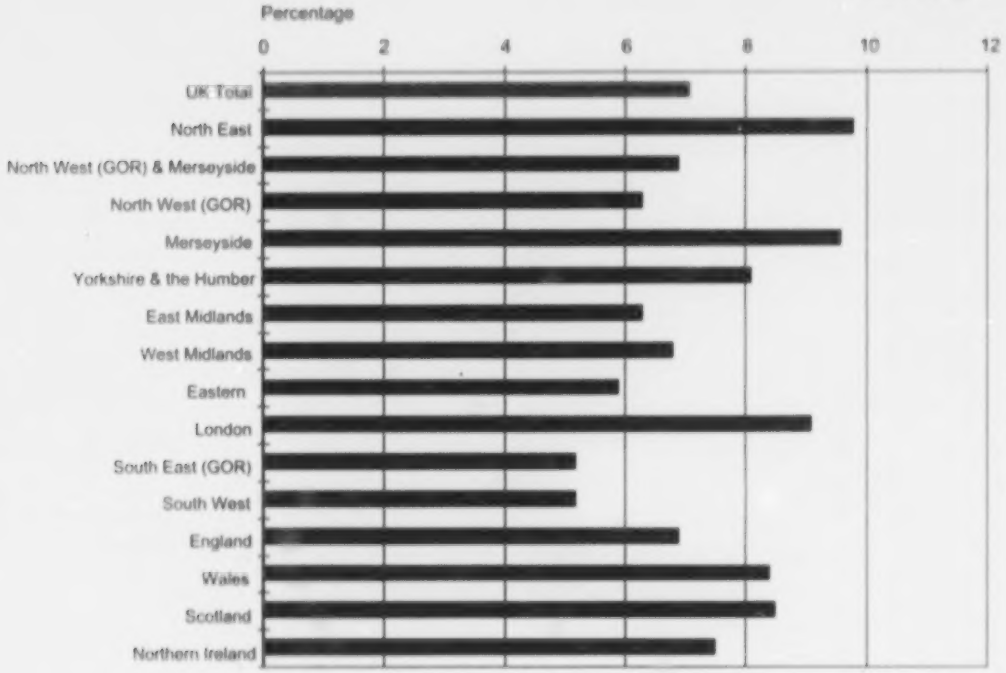
Source: Labour Force Survey, Office for National Statistics.

resulting from such a massive change. On the political front the Government put into place a range of training schemes in order to reduce the numbers of young unemployed, and in addition different methods for calculating unemployment rates were introduced, so that the situation did not look quite so grim. The results of these measures can be seen from the drop in unemployment rates illustrated in **Chart 2.15**.

The situation in the 1990's is shown in **Charts 2.16** and **2.17**. From this it can be seen that, in spite of the introduction of many different training schemes, rates for 16-19's and for young adults are significantly higher than for the population as a whole. Rates for both young men and young women have shown some increase during the decade, although there has been a degree of fluctuation, with 1993 and 1994 being the worst years.

It should be noted that these figures are calculated using the internationally accepted ILO definition of unemployment, namely those people who have sought work in the past four weeks, and are available to start work the following week. These are the figures currently used by

Unemployment rates in the U.K., by region, in 1997 **2.18**



Source: Labour Force Survey, Office for National Statistics.

the Department for Education and Employment, and it is upon these figures that the Labour Force Survey is based.

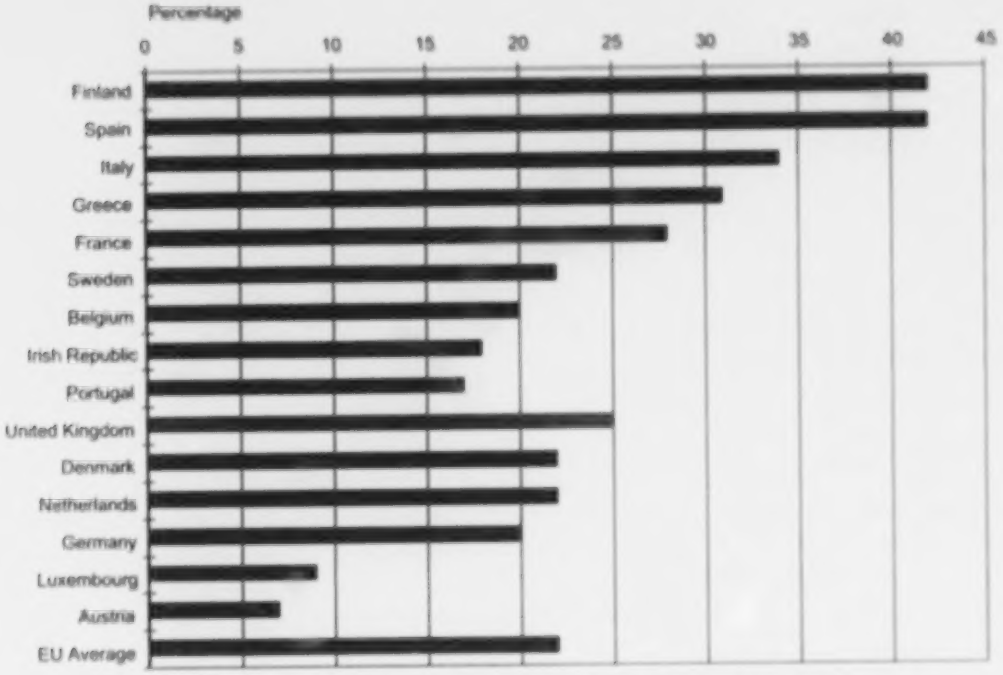
Turning now to regional trends, it can be seen from the figures in **Chart 2.18** that there is wide variation between different parts of the country in rates of unemployment. Rates are higher in Wales and Scotland than in England or in Northern Ireland, and higher also in London, the North East and Merseyside than in other parts of England. As far as international comparisons are concerned, figures in **Chart 2.19** illustrate marked differences between countries, with the U.K. having a lower rate than many other European countries.

As far as unemployment and ethnicity is concerned the situation is truly shocking, since there are extremely large differences between the white population and ethnic minority groups. The differences exist at all age levels, but are especially marked for the 16-24 year age group, as can be seen from figures shown in **Chart 2.20.** This must surely be an issue to be addressed at a national level.

Finally in this section let us consider a different theme — that of child employment. While for the great majority of young people finding a job

Youth unemployment: a comparison across the European Union, 1996

2.19

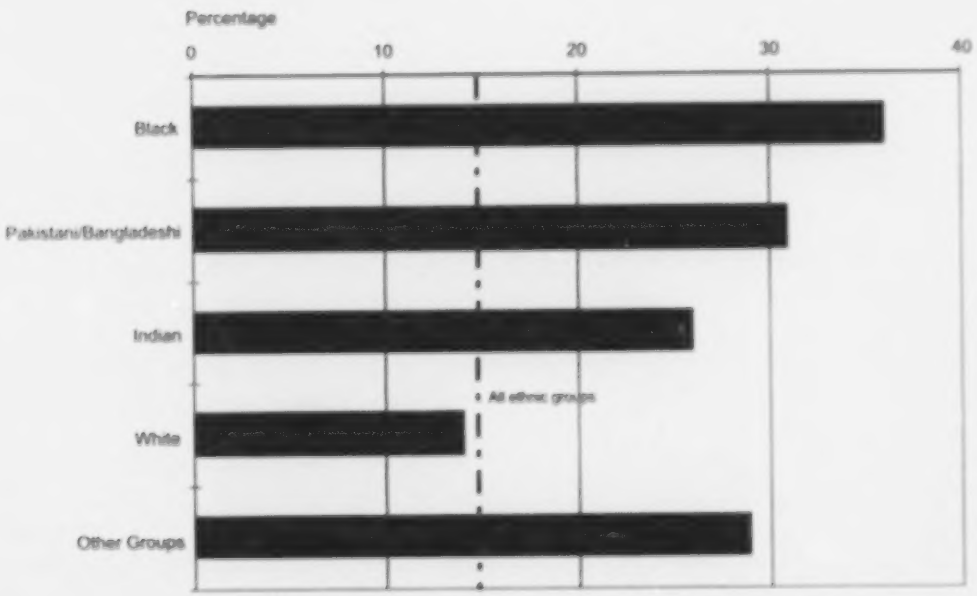


Note: Unemployment for 15-24 year olds except in the UK where figures are for 16-24 year olds.

Source: Labour Force Survey, Eurostat.

Unemployment rates for 16-24 year olds by ethnic group in the U.K., 1996-1997

2.20

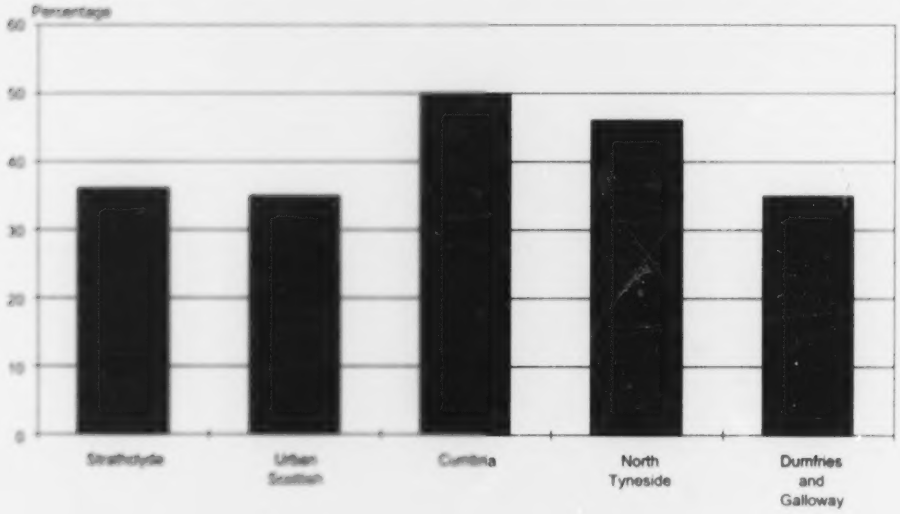


Source: Social Trends, 28. Office for National Statistics. Crown copyright.

has become arguably the biggest hurdle of all, for some a part-time poorly paid job has become an inevitable feature of life. One of the few people to have looked at this in the U.K. is McKechnie (see McKechnie, Lindsay and Hobbs, 1996). He argues that child employment is more widespread than is generally realised, and that there has been a marked increase in this trend over the last few years. From figures illustrated in **Chart 2.21** it can be seen that, based on survey data from more than twenty schools, it is calculated that somewhere between a third and a half of all teenagers have part-time jobs, many of them extremely poorly paid. McKechnie and his colleagues believe that this is a topic on which more research is urgently needed.

Percentages of young people aged 14–15 in five regions who currently have a part-time job

2.21



Source: McKechnie et al. (1996).

References

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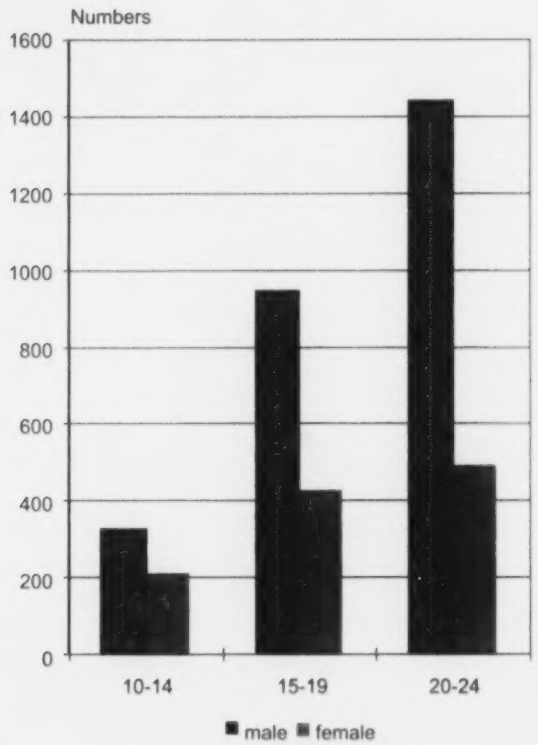
Chapter Three

Physical Health

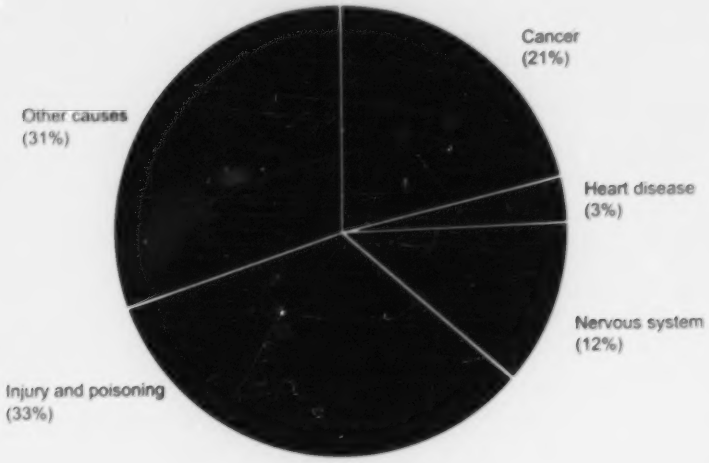
Many commentators on adolescent health (e.g. Seiffge-Krenke, 1998) have made the point that young people are usually seen as the most healthy group in society, and therefore less attention is paid to their health problems than to the health of those in other groups. It is quite clear, however, that

Numbers of deaths in the U.K., by age and gender, 1997 **3.1**

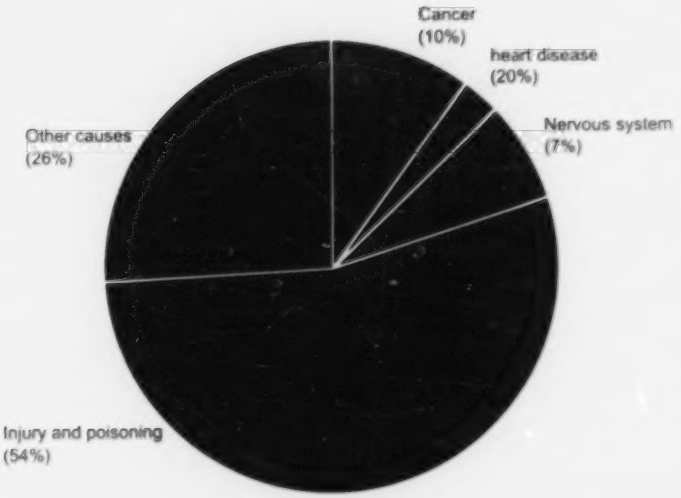


Source: Mortality Statistics. The Stationery Office. DH2, No. 24.

Age 10–14



Age 15–19



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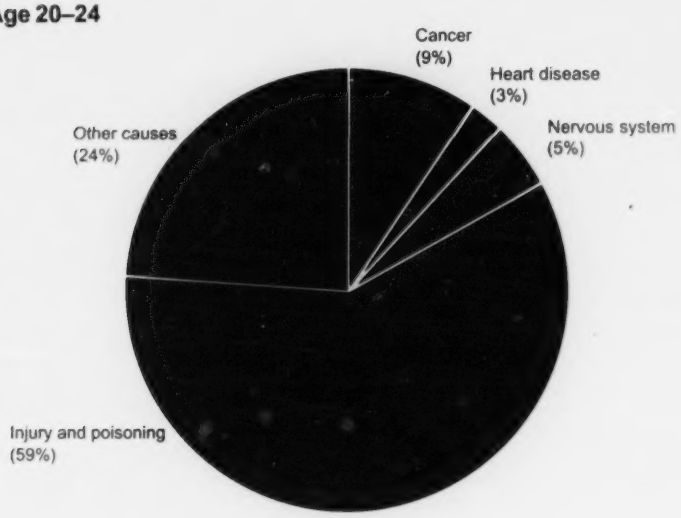
Age 20–24



Source: Mortality Statistics. The Stationery Office. DH2, No. 23.

the health of teenagers should be a topic of considerable concern and interest to all, and recent studies emphasise this point.

One perspective on health may be obtained by considering rates and causes of mortality. Apart from infancy, death rates among children and young people are highest in the 15-19 year age group. This is primarily because of the increase in injury and poisoning, and in transport accidents. Figures in **Chart 3.1** show the overall numbers of deaths in 1997 in the U.K. A clear gender difference is apparent, and this becomes more accentuated with age. Figures in **Chart 3.2** show changes in the causes of death with age.

Turning now to morbidity there have been some useful surveys of young people's health related behaviour during the last few years. Although young people may be more healthy than other age groups there is still evidence that they consult their doctor between two and three times a year on average, with the most common reason being respiratory problems. This was borne out in a study by Churchill and colleagues (Churchill et al., 1997), who reported on a sample of over 700 young people in the Midlands. They showed that 35% of all consultations were because of respiratory

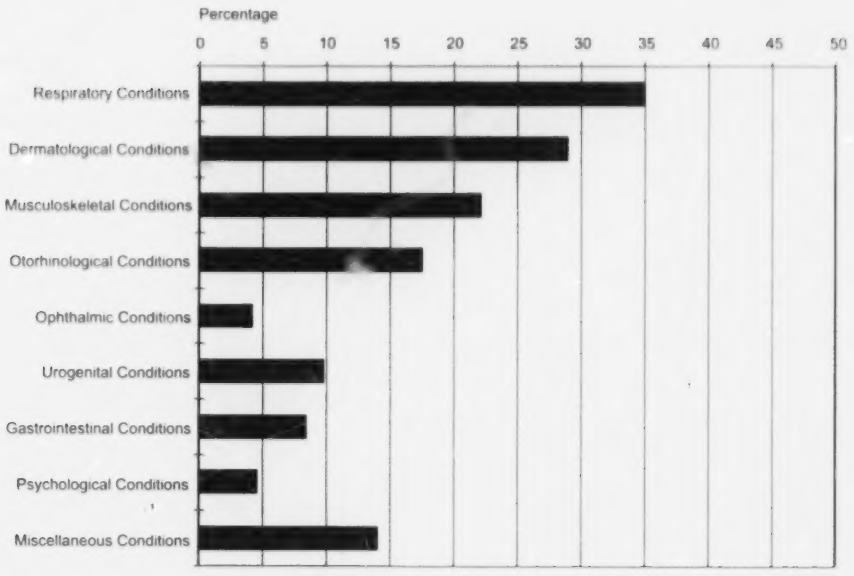
problems, with other conditions such as skin complaints and sports injuries coming lower down the list. These figures are provided in **Chart 3.3**. Perhaps the most worrying aspect of these data is the tiny number of teenagers who go to their G.P. with mental health problems.

Churchill and colleagues also asked the sample what aspects of primary health care were most important. Results in **Chart 3.4** show that confidentiality comes higher than anything else, with being able to go to a doctor who has an interest in teenage problems coming next on the list. Kari and others also collected information on young people's consultations with their G.P.s (Kari et al., 1997). In this case there was a sample of over 4,000 adolescents of 15 and 16 years of age, and results showed that the median number of consultations was two per year for young men and three per year for young women in this age group. 53% reported difficulties with the consultation, and the reasons for those difficulties are shown in **Chart 3.5.**

A somewhat different perspective on adolescent health is provided by the Health Education Authority survey involving nearly 7,000 young people (Turtle et al., 1997). In this study teenagers were asked what ailments they had suffered from during the last month. Figures are provided in **Chart 3.6**,

Reasons for consultation with the G.P., over a twelve month period

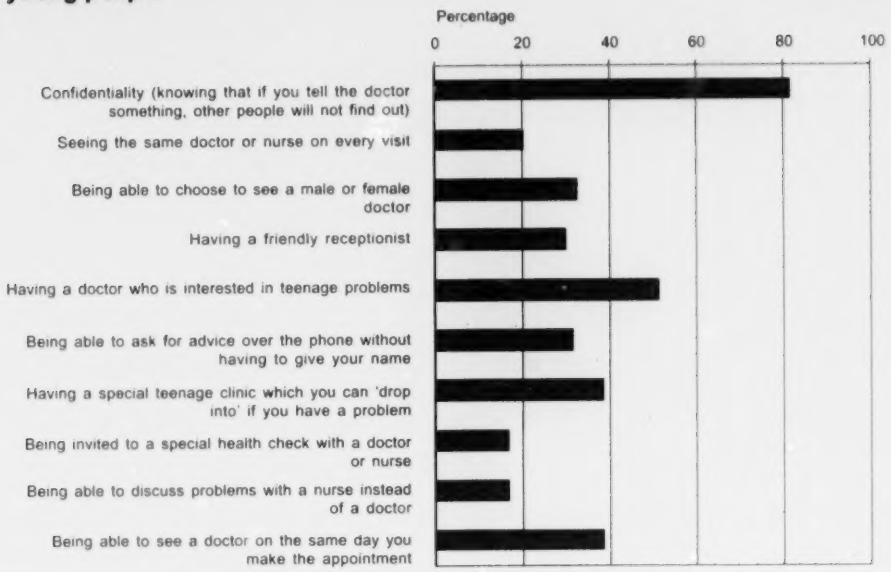
3.3



Source: Churchill et al. (1997).

Attitudes to provision of primary health care services among young people

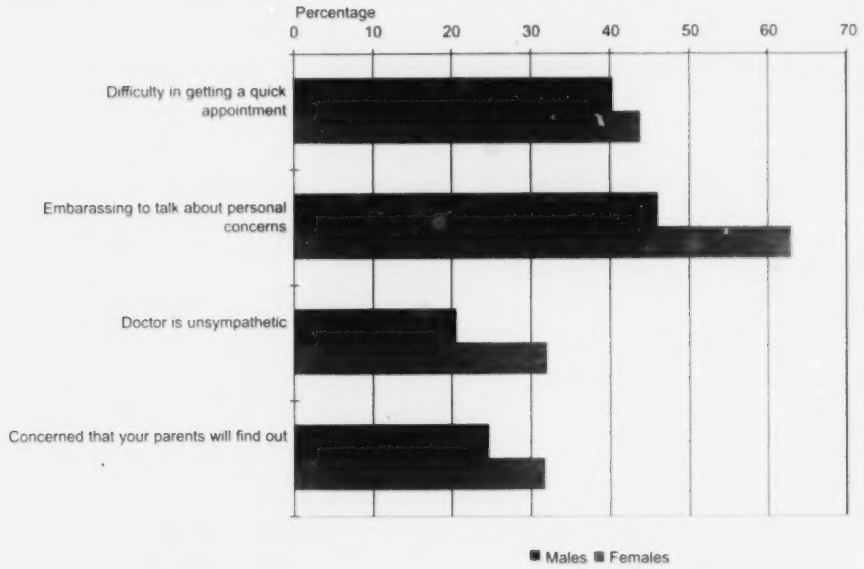
3.4


Percentage
0
20
40
60
80
100
Confidentiality (knowing that if you tell the doctor something, other people will not find out)
Seeing the same doctor or nurse on every visit
Being able to choose to see a male or female doctor
Having a friendly receptionist
Having a doctor who is interested in teenage problems
Being able to ask for advice over the phone without having to give your name
Having a special teenage clinic which you can 'drop into' if you have a problem
Being invited to a special health check with a doctor or nurse
Being able to discuss problems with a nurse instead of a doctor
Being able to see a doctor on the same day you make the appointment

Source: Churchill et al. (1997).

Amongst those teenagers stating they had difficulties with their G.P. consultation, the proportions giving different reasons

3.5



NB: Total number included in sample — 2,370

Source: Kari et al. (1997).

showing, as might be expected, that colds and coughs come high on the list. However headaches are clearly a concern of a significant number, whilst the relatively greater number of girls complaining of stomach ache is also noteworthy.

This problem is illustrated further in **Chart 3.7**, showing that in this sample 24% in Year 9 and 37% in Year 11 reported severe period pains in the previous six month period. Clearly this is a matter of serious concern to a third of adolescent girls in the 15 to 16 year age range. The survey also looked at dieting, a topic which is often highlighted in the media as being widespread in our society. Interestingly, although there is clearly an increase among girls as they get older, the numbers are not as dramatic as are often portrayed. One in four girls in Year 11 report that they are dieting, whilst in the younger groups the figure is considerably lower. In addition, and in spite of concern about the possibility that boys also may be subject to pressures towards dieting, only 7% in Years 7 and 9 say that they are dieting, a relatively low figure in the circumstances. These figures are illustrated in **Chart 3.8**.

Adolescent health, especially physical health, is very much affected by the degree of risk behaviour engaged in by young people. Three major areas of concern here are smoking, drinking and the use of illegal drugs.

Ailments for which tablets or medicine have been taken in the last month, by gender, ages 11-15 **3.6**

Percentages

	Total Sample	Males	Females
Headache	44	39	51
Cold	32	29	36
Cough	24	21	27
Stomach-ache	18	10	27
Asthma	13	13	24
Difficulty in sleeping	3	2	3
Feeling nervous or anxious	2	2	2
None/not stated	26	32	19
Base (=100%)	6406	3396	2976

Source: Turtle et al. (1997).

Experience of period pain, amongst those girls in Years 9 and 11 who have started their periods **3.7**

Percentages

	Year 9	Year 11
No, none at all	17	10
Yes, some pain	58	53
Yes, severe pain	24	37
Base (100%)	814	814

Source: Turtle et al. (1997).

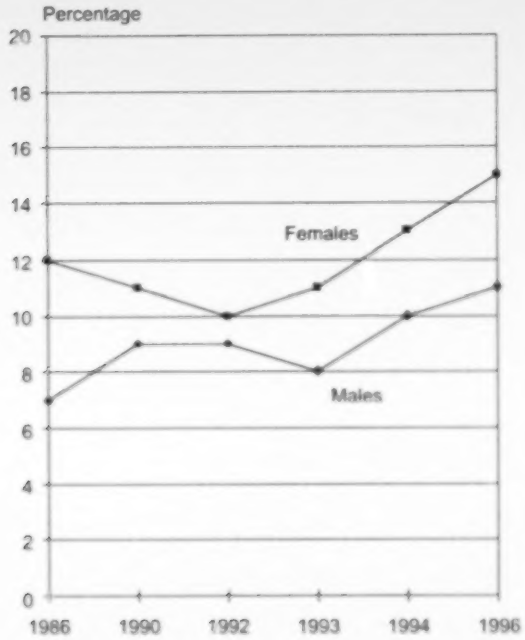
Numbers currently dieting to lose weight, by age and gender **3.8**

Percentages

	11-12	13-14	15-16
Males			
Yes	7	7	4
No, but should lose weight	16	19	13
No, because my weight is fine	76	73	82
Base (100%)	1162	1233	1001
Females			
Yes	13	20	23
No, but should lose weight	18	26	27
No, because my weight is fine	68	54	50
Base (100%)	1072	1049	855

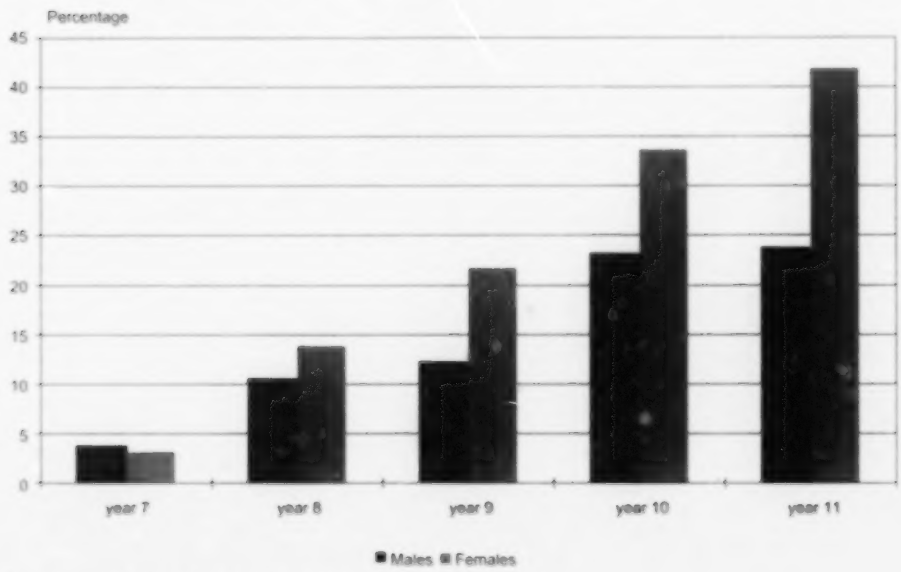
Source: Turtle et al. (1997).

Proportions of regular smokers among teenagers between the ages of 11 and 15, by year and gender **3.9**



Source: Smoking among secondary school children, 1996. The Nation's Health. Office for National Statistics. London.

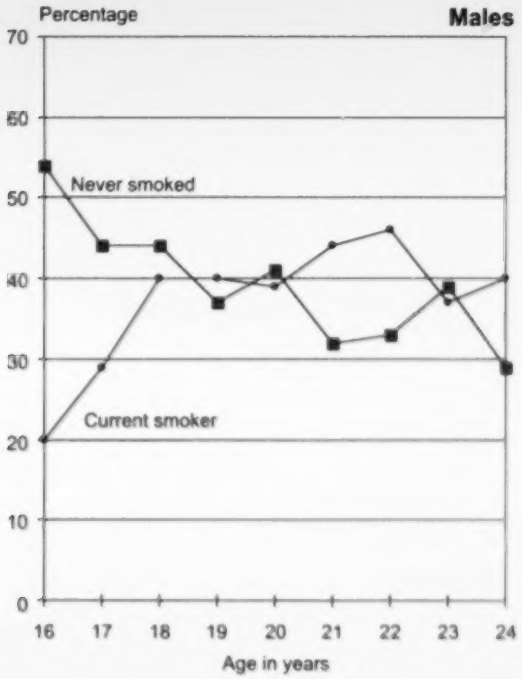
Percentage of boys and girls who are regular cigarette smokers by school year in England, 1996 **3.10**

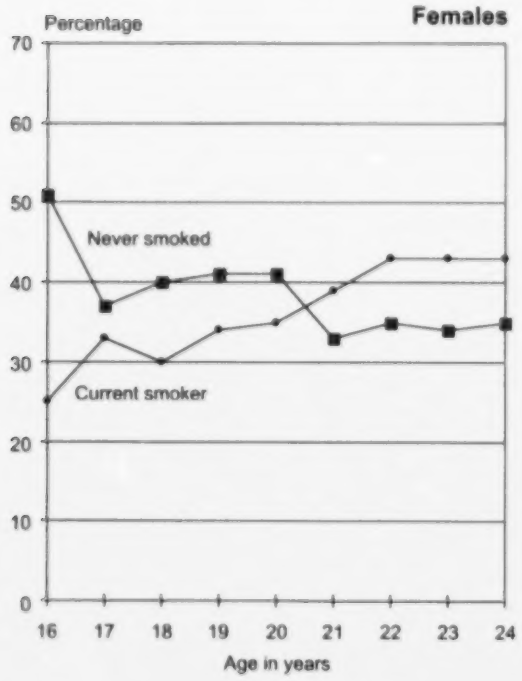


Source: Lloyd and Lucas (1998).

Current smokers and those who have never smoked among 16-24 year olds, by age and gender, 1995/97

3.11





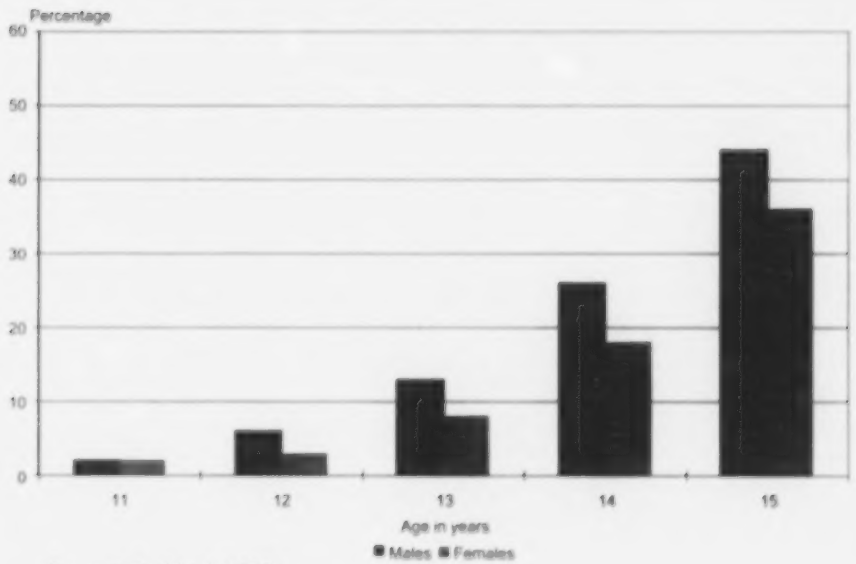
Source: Health Survey for England: The Health of Young People: 1995-1997. The Stationery Office. London.

Large amounts of data are available in all these areas, although studies are not always comparable because of the different methods used. Turning first to smoking, evidence presented in **Chart 3.9** shows that the number of regular smokers in the 11-15 year age group has remained relatively stable over the last ten years, with girls being significantly more likely to fall into this group than boys.

Figures in **Chart 3.10** show how the actual number of regular smokers increases with age, with the greatest gender disparity being in Year 11. As far as those in the 16-24 year age group is concerned, it is clear that smoking increases as people move into adulthood. Figures illustrated in **Chart 3.11** show how the numbers describing themselves as current smokers rise from approximately 20% to somewhere in the region of 40% by the age of 24.

As far as drinking alcohol is concerned, data illustrated in **Chart 3.12** and **Chart 3.13** show two notable trends. First the gender difference is opposite to the one seen among smokers, namely that males drink more than females at all ages. In addition, however, there is evidence that the amount of alcohol consumed has increased over time among 16-19 year olds. Comparisons between 1993 and 1997 are startling, and raise

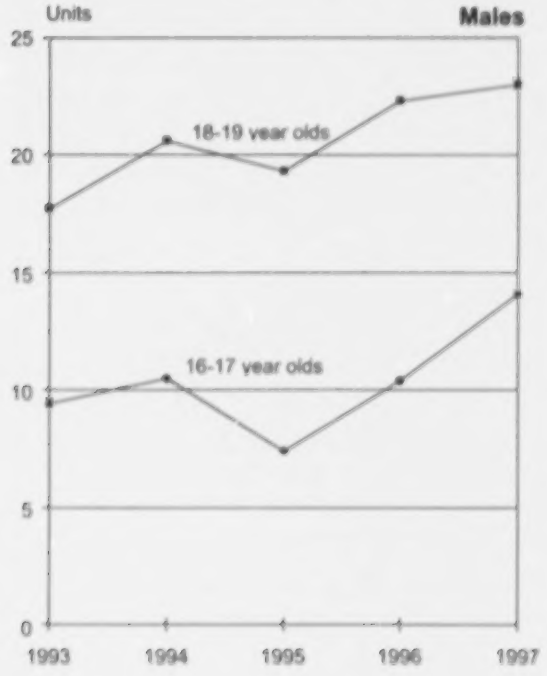
Percentage of boys and girls drinking alcohol at least once a week in England, by age, in 1994 **3.12**

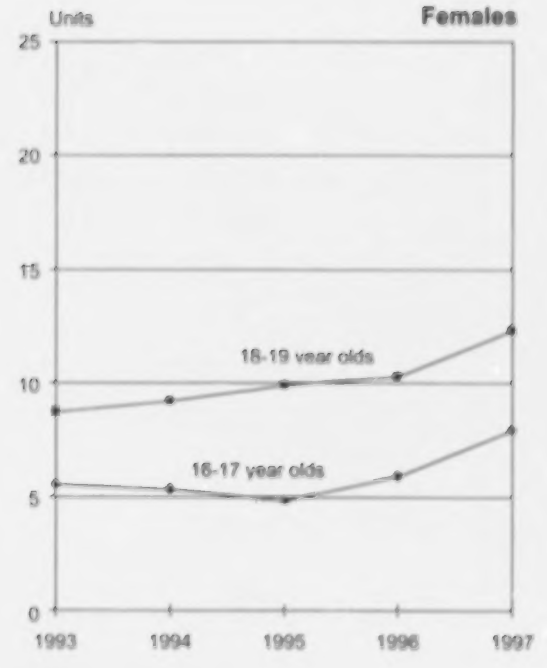


Source: Goddard (1996).

Mean weekly units of alcohol consumed among 16-19 year olds by gender and year

3.13





Source: Health Survey for England: The Health of Young People: 1995-1997. The Stationery Office. London.

questions about the meaning of this behaviour, especially for young males.

With respect to illegal drugs figures differ from study to study, depending on the methodology and sample used. However it is generally agreed that by the age of 14 or 15 approximately a third of young people will have tried cannabis, whilst the use of drugs such as ecstasy or amphetamines will be much lower. By the age of 18 or 19 over half will have used cannabis, and at least one in four will have taken ecstasy. A study by Parker et al.(1998), carried out in the North-West of England, is representative of many, and shows how drug usage increases with age. Parker reports the behaviour of a sample between the ages of 14 and 18, and his figures are illustrated in **Chart 3.14**.

Prevalence of illegal drug usage among 14-18 year olds in the North-West of England, 1991-1996 **3.14**

Percentages

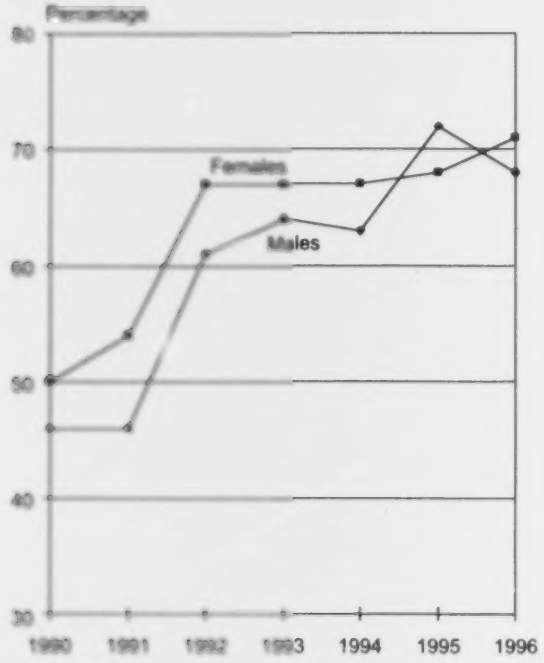
	14 years	15 years	16 years	17 years	18 years
Amphetamines	9.5	16.1	18.4	25.2	32.9
Amyl nitrite	14.2	22.1	23.5	31.3	35.3
Cannabis	31.7	41.5	45.3	53.7	59.0
Cocaine	1.4	4.0	2.5	4.5	5.9
Heroin	0.4	2.5	0.6	0.6	6.0
LSD	13.3	25.3	24.5	25.7	28.0
Magic mushrooms	9.9	12.4	9.8	9.5	8.5
Ecstasy	5.8	7.4	5.4	12.9	19.8
Solvents	11.9	13.2	9.9	10.3	9.5
Tranquillisers	1.2	4.7	1.5	3.9	4.5
At least one	36.3	47.3	50.7	57.3	64.3
Base (=100%)	776	752	523	536	529

Source: ***Parker et al. (1998).***

Even if an individual has not taken drugs it appears that the drug culture impacts on a great majority of adolescents. There seems little doubt that during the 1990's this phenomenon has grown in extent. Figures provided by Balding (1998), in his Exeter survey of many thousands of young people, show that among 14-15 year olds those knowing someone who is using drugs increased substantially between 1990 and 1996, as can be seen in **Chart 3.15.**

It is generally recognised that physical exercise contributes to health, and there has been concern expressed at the decrease in time spent on sports at school. In addition many adults believe that today's typical teenager spends hours on end in front of the television or computer screen, snacking on fast food and rarely venturing outside into the fresh air. Information on this topic can be obtained from a variety of sources. A useful perspective is provided by the Exeter survey already referred to above.

Proportion of 14-15 year olds knowing someone who uses drugs, by gender and year **3.15**



Source: Balding (1998).

Figures from this study are illustrated in **Chart 3.16**, showing that outside school lessons 14-15 year olds are participating in a wide range of physical activities on a weekly basis. Two points are worth making here. First the difference between boys and girls is striking, with girls being considerably less involved in physical activity than boys. This difference only begins to

Sports and physical activity undertaken by 14-15 year olds outside school lessons

3.16

	Percentages	
	Males	Females
Rugby	15.8	1.0
Soccer	57.2	8.1
Hockey	10.4	13.5
Netball	1.2	20.3
Tennis	19.6	15.5
Rowing	2.8	1.4
Riding a bicycle	58.1	32.5
Club cycling	3.6	1.1
Jogging	20.8	15.9
Track/field events	12.3	9.3
Sailing	4.3	2.5
Squash	5.2	2.6
Table tennis	14.0	7.4
Basketball	31.1	16.7
None of these	15.8	37.9
Base (=100%)	4933	4394

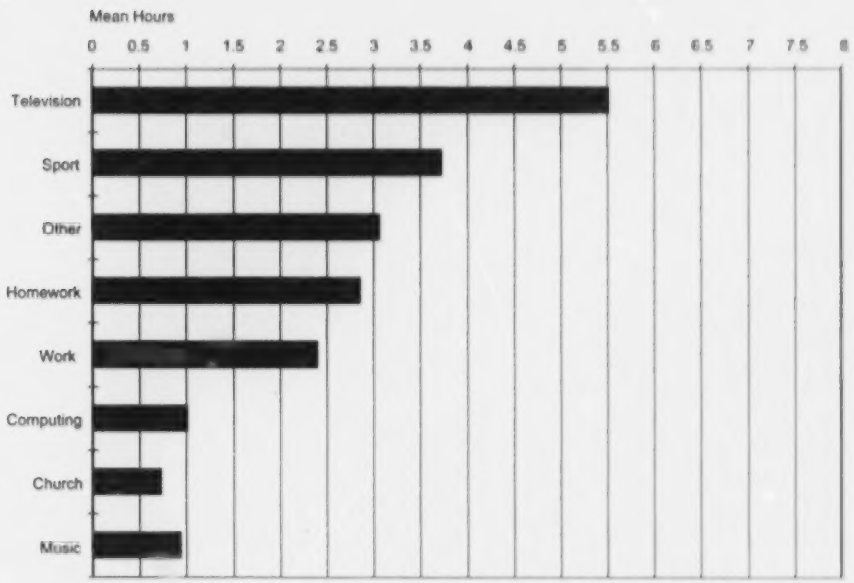
Source: Balding (1998).

show up once young people enter middle adolescence, for at 11 and 12 there is no difference between the genders in engagement in physical activity. The second point concerns the numbers who are not doing any physical activity at ages 14-15. 38% of girls doing no physical activity at this age is a worrying proportion, and causes understandable concern on the part of health professionals.

In an interesting study Trew (1997) compared the amounts of time spent by teenagers on various activities. She showed that sport took up an average of 3.74 hours per week. This is more than homework or computing, but significantly less than television, which took up a mean of 5.52 hours. Trew's figures are illustrated in **Chart 3.17.**

Mean hours spent on various activities, per week, among young people aged 11-19

3.17



Source: Trew (1997).

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Chapter Four

Sexual Health

It is common knowledge that there have been profound changes in sexual behaviour since the 1960's, and the effects of such changes are to be seen just as much in the adolescent population as in any other group. One of the problems in looking at the sexual behaviour of young people is the lack of good research in this area. Thus for example the only study carried out in the U.K. during this decade has been that of Johnson et al. (1994), and this does not consider those under the age of 16. We have no systematic

First sexual intercourse before the age of 16 by current age **4.1**

Age at Interview	Males		Females	
	%	Base	%	Base
16-19	27.6	827	18.7	971
20-24	23.8	1137	14.7	1251
25-29	23.8	1126	10.0	1519
30-34	23.2	1012	8.6	1349
35-39	18.4	982	5.8	1261
40-44	14.5	1042	4.3	1277
45-49	13.9	827	3.4	1071
50-54	8.9	684	1.4	933
55-59	5.8	603	0.8	716

Source: Johnson et al. (1994).

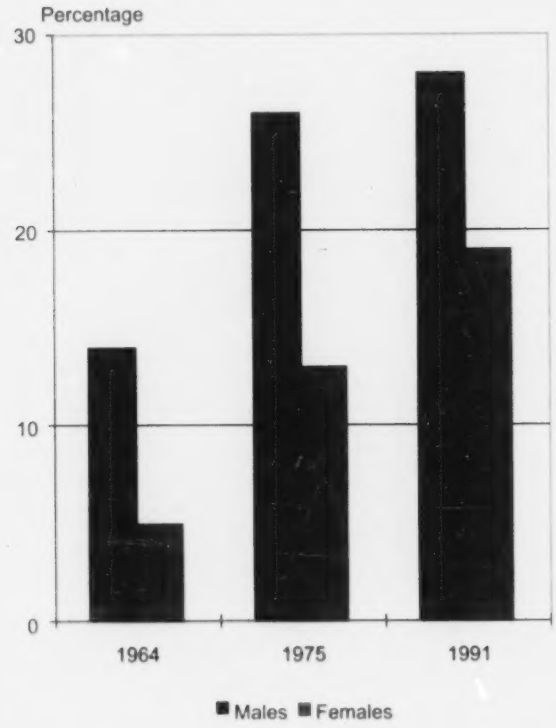
knowledge of the sexual behaviour of those in early adolescence, in spite of the fact that so much publicity is given to pregnancy in this group. Furthermore there have been no studies on puberty since the early 1970's, and the debate as to whether the age of puberty continues to get earlier has to remain in the realms of conjecture.

One way of considering the changes that have occurred over time is to ask respondents of various ages when they had their first experience of sexual intercourse. Results from the study by Johnson et al. (1994), which are illustrated in **Chart 4.1,** show major differences between age cohorts. Essentially the younger the respondent, the more likely he or she is to have had sexual intercourse before the age of 16.

Another way of looking at this question is to compare the results of three studies carried out over the last thirty years. Schofield (1965), Farrell (1978) and Johnson et al. (1994) all have data on the numbers of 16-19 year olds reporting having had intercourse before the age of 16. As can be seen from **Chart 4.2** the numbers falling into this category have risen steadily over the

First sexual intercourse before the age of 16 by gender

4.2



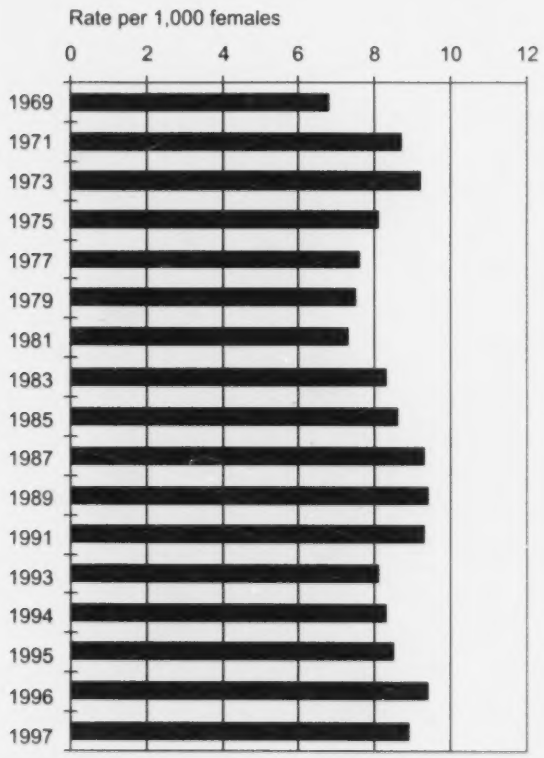
Source: Schofield (1965); Farrell (1978) and Johnson et al. (1994).

period, although it may be that the change for young women has been slower than it has been for young men.

It is instructive now to turn to conception rates among young women. There has been much public concern over the numbers of teenage pregnancies in Britain, and one of the targets of the "Health of the Nation" initiative introduced in 1991 by the then Conservative government was to reduce pregnancy rates among the under 16's by 50% before the end of the century. As can be seen from **Chart 4.3** no such thing has happened, and indeed after a fall during the early 1990's the figures showed a rise to a rate of 9.4 per thousand young women in 1996. In terms of numbers of conceptions there were 8,800 conceptions among the 13-15 year olds in England and Wales during 1996, and 8,400 in 1997.

Rates for Scotland are shown in **Chart 4.4.** Interestingly there was also a rise in the conception rate in Scotland, but as in England and Wales, this

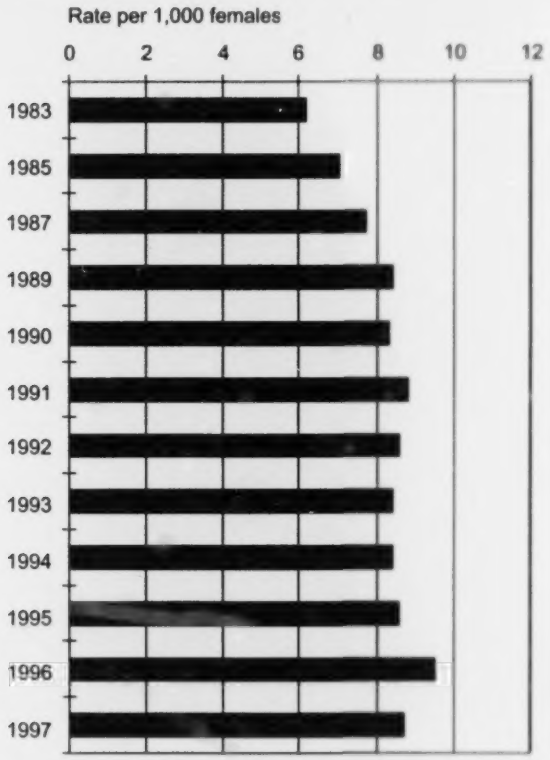
Teenage conceptions in England and Wales, 1969 to 1997: rates per thousand women aged 13–15 **4.3**



Source: Conceptions in England and Wales 1996. Office for National Statistics Monitor FM1.

Teenage conceptions in Scotland, 1983 to 1997: rates per thousand women aged 13–15

4.4



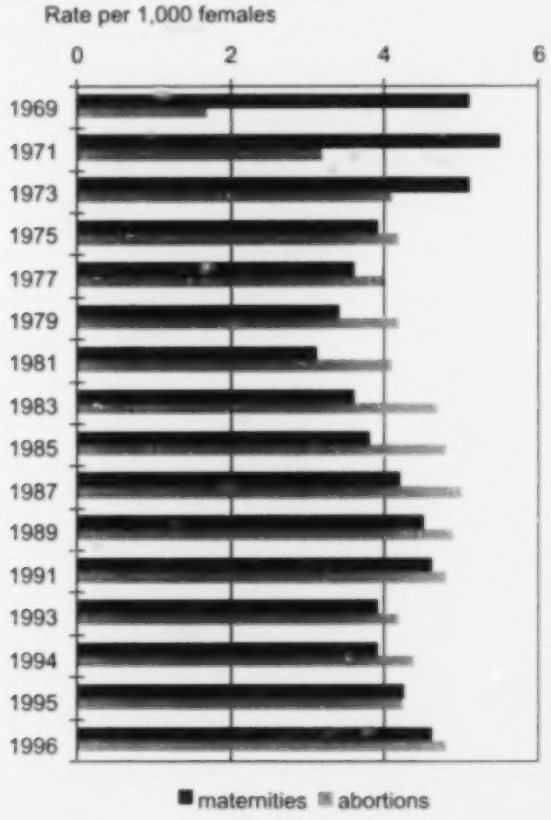
Source: Health Briefing 98/04/TO, Information and Statistics Division, Scottish Health Service, 1983-1997.

has been reversed in 1997. Indeed this leads to a more general point, which is that, although there have been fluctuations in the rates over the last three decades, except for one year the rate has not deviated outside the 7.5 to 9.5 range.

Whilst comparisons between England, Wales and Scotland may not reveal major differences, there is of course substantial regional variation in conception rates. Broadly speaking rates are lower in areas that are more affluent, and higher in areas of greater deprivation. Something of the variation can be seen in the fact that in 1996 Lambeth, Southwark and Lewisham Health Authority — an inner London area — had a conception rate of 104 per thousand women aged between 15 and 19, whilst in Kingston and Richmond, a borough in outer London, the rate was 34 per thousand women (Brook Advisory Centres Fact Sheet 2, 1999).

Rates of maternities and abortions in England and Wales among 13–15 year-olds, 1969–1996

4.5



Source: Conceptions in England and Wales 1996. Office for National Statistics Monitor FM1.

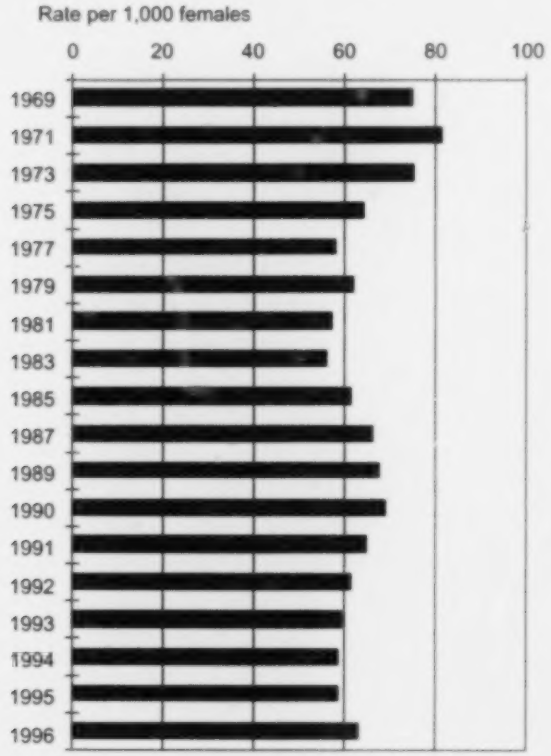
As far as the outcome of pregnancy is concerned, it can be seen from **Chart 4.5** that conceptions leading to maternity among 13-15 year olds have decreased since 1969, and the numbers of abortions have increased correspondingly. The main change occurred in the early 1970's, following the introduction of the 1967 Abortion Act.

Turning now to the older group in England and Wales it can be seen from **Chart 4.6** that again rates of conception have varied over the last decades, but overall there has been a slight decrease during this period. In Scotland rates have stayed relatively stable since 1983, as can be seen from figures in **Chart 4.7**.

In the 15-19 year age group there has been a striking change with regard to the rates of maternities and abortions. As can be seen from **Chart 4.8** maternities have fallen in England and Wales, whilst abortions have

Teenage conceptions in England and Wales, 1969 to 1996: rates per thousand women aged 15–19

4.6



Source: Conceptions in England and Wales 1996. Office for National Statistics Monitor FM1.

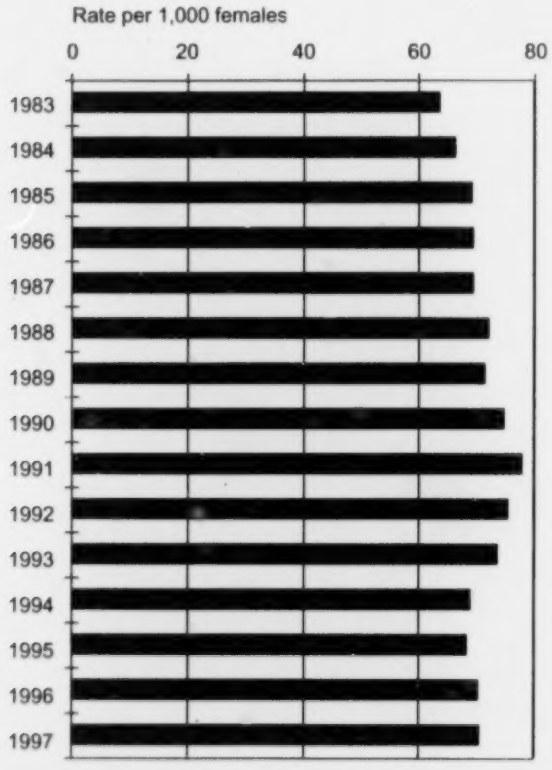
increased steadily from early in the 1970's. What is not apparent from these figures is the proportion of maternities to abortions in the two age groups. As can be seen from **Chart 4.9** over 50% of conceptions in the younger group lead to abortions, while only a third do so in the older group.

Comparable figures are not available for Northern Ireland, but we can see the number of births in this age group since 1985. Rates for women aged 15 to 19 have varied to some extent, but again within a definable range of between 23 and 30 per thousand women. These figures are shown in **Chart 4.10.**

Finally on this topic it is instructive to compare the United Kingdom with its European neighbours. It should be noted that there are no figures available on the under 16 year olds, nor are there figures for rates of conceptions for the older group. What are available are data on conceptions leading to maternities in the 15-19 year age group, and these are illustrated

Teenage conceptions in Scotland, 1983 to 1997: rates per thousand women aged 16–19

4.7



Source: Health Briefing 98/04/TO, Information and Statistics Division, Scottish Health Service, 1983-1997.

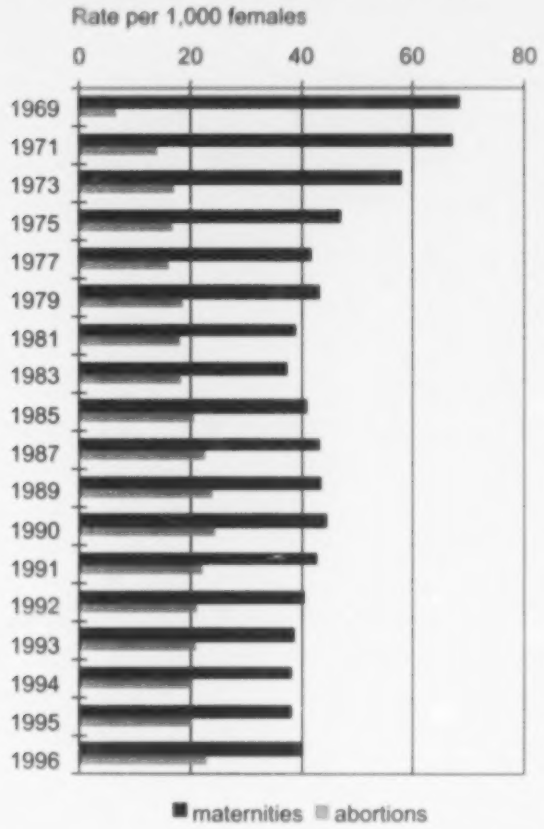
in **Chart 4.11.** Such figures are certainly striking, indicating that the U.K. is in a league with former Eastern European countries rather than with more developed countries such as France and Germany. Figures in **Chart 4.12** show differences between continents, indicating that conception rates in sub-Saharan Africa are six times higher than those in Europe.

Turning now to contraceptive use, it can be seen from data illustrated in **Chart 4.13** that, of those under 16 attending "family planning" clinics, 42% are on the pill, whilst 50% are using the condom. In the 20-24 year age group 57% are using the pill. Unfortunately there has been no population wide survey of contraceptive use since the General Household Survey carried out in 1993, so current figures are lacking in this important area.

As far as the incidence of sexually transmitted infections is concerned figures in **Chart 4.14** give a picture of the range of problems presenting at GUM clinics in England in 1997. As can be seen both chlamydia and genital

Rates of maternities and abortions among women aged 15–19 in England and Wales, 1969–1996

4.8



Source: Conceptions in England and Wales 1996. Office for National Statistics Monitor FM1.

warts are infections presenting in significant numbers. Increases in numbers of chlamydial infections between 1992 and 1997 are shown in **Chart 4.15**.

In respect of HIV, **Chart 4.16** indicates the number testing positive both in London and outside the capital. Where heterosexuals are concerned a total of 15 cases among the under 20's tested positive during the period 1994/1995, a very small number indeed. Amongst homosexuals, however, the incidence is considerably greater in London, since of those tested approximately 7% test positive.

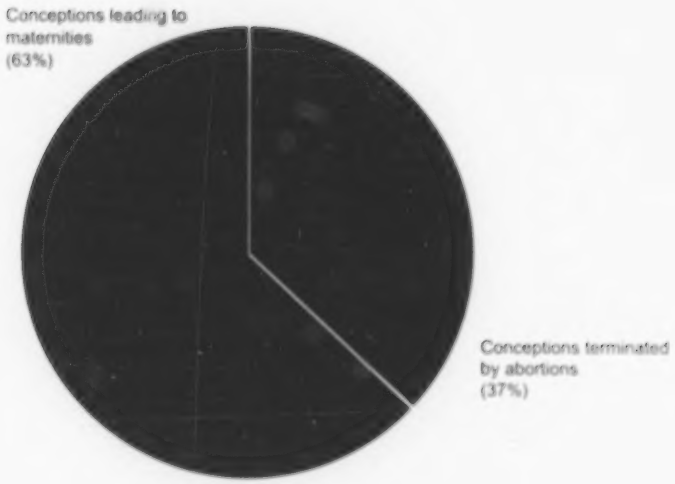
Lastly in this chapter some consideration needs to be given to the question of sex education. Since the implementation of the 1993 Education Act sex education has been made compulsory in secondary school. However a distinction has been drawn between the biological aspects of

Ratio of conceptions to abortions in England and Wales among two age groups, 1996

4.9

Age 13–15

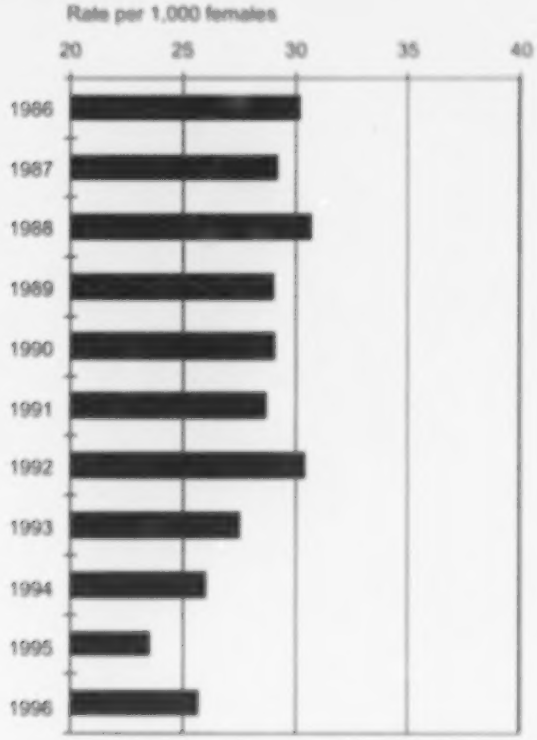
Age 15–19



Source: Conceptions in England and Wales 1996. Office for National Statistics Monitor FM1.

Births per thousand young women aged 15-19 in Northern Ireland, 1986-1996

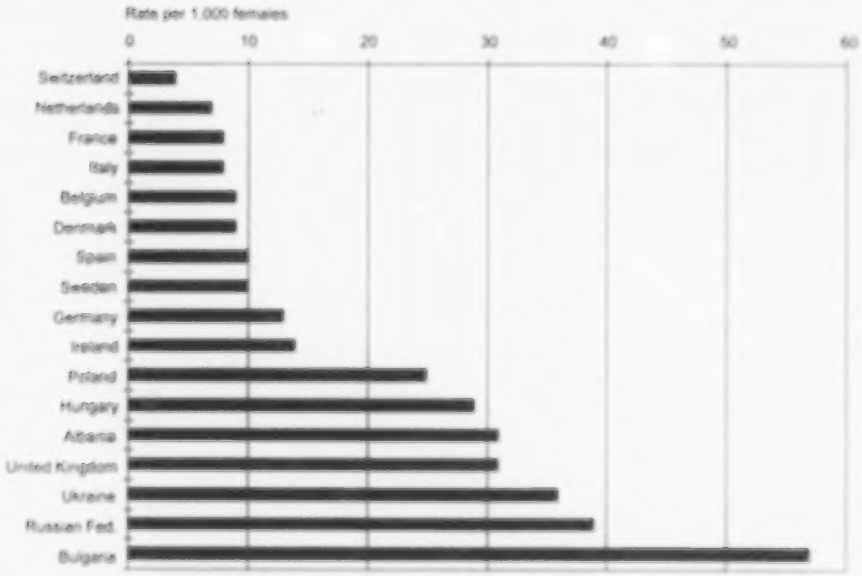
4.10



Source: Northern Ireland Registrar General's Annual Report, 1996.

Births per thousand young women aged 15-19 in European countries, 1996

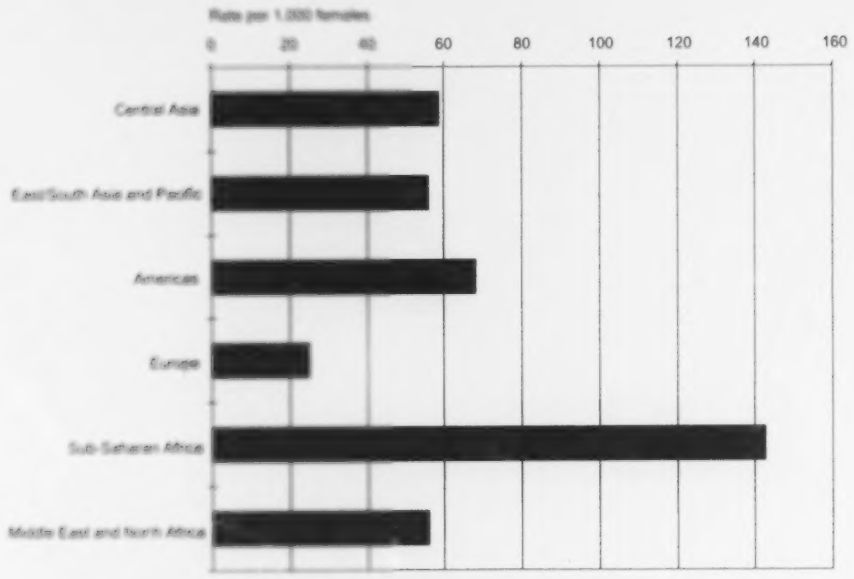
4.11



Source: Gupta (1998).

The regional average birth rate per thousand women aged 15-19 across continents, 1996

4.12



Source: Gupta (1998).

Contraceptive use among women attending family planning clinics, by age, in England and Wales, 1996/97

4.13

Percentages

Method	Under16	16-19	20-24	All ages
Oral contraceptives	42	56	57	48
IUD	0	1	3	7
Cap/diaphragm	0	0	1	3
Injectable contraceptive	2	4	6	5
Other chemicals	0	0	0	1
Male sheath/condom	50	33	28	32
Female condom	0	0	0	0
Rhythm method	0	0	0	0
Female sterilisation	0	0	0	0
Implant	0	0	0	0
Other methods	6	5	3	3

Source: Department of Health Statistics Division. Form KT31. 1998.

New diagnoses of sexually transmitted infections, by gender and age, in England, 1997

4.14

Method	Under 15		15		16-19		20-24	
	M	F	M	F	M	F	M	F
Primary and secondary infectious syphilis	2	_	_	_	1	3	12	11
Uncomplicated gonorrhoea	24	51	23	89	1024	1411	2078	1150
Uncomplicated gonorrhoea - homosexually acquired	4	_	2	_	69	_	304	_
Uncomplicated chlamydial infection	16	135	33	366	1772	7221	5273	7989
Genital herpes simplex - first attack	7	34	3	70	252	1729	1178	2672
Genital warts - first attack	64	125	32	313	2356	7825	10278	9914

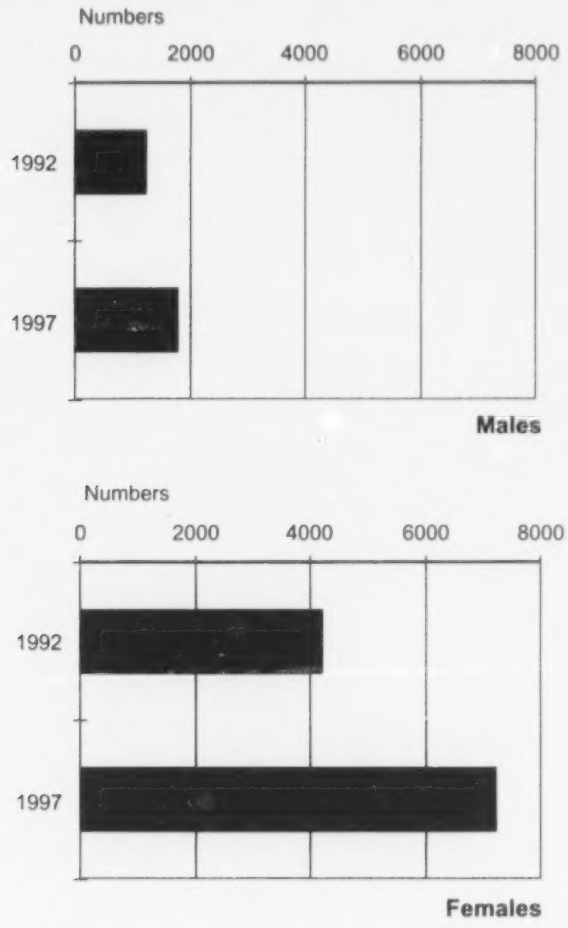
Source: Hughes et al. (1998).

sex and other aspects such as relationships, contraception, sexually transmitted infections, and so on. Only the biological aspects are compulsory, while the rest are left to the discretion of the individual school.

As part of the Exeter survey (Balding, 1998) pupils were asked two questions about sex education, and the responses are illustrated in **Charts 4.17** and **4.18**. Among other things that stand out from the results it is clear that young people are learning only a small amount about sex from school. Furthermore they would like to learn less from their friends, and very much more from their parents. Young people would also like more from their teachers, especially in the older age groups.

A somewhat different perspective is provided by the Health Education Authority survey (Turtle et al., 1997) looking at topics rather than sources

Numbers of chlamydial infections among 16-19 year olds, by year and gender, in England **4.15**



Source: Hughes et al. (1998) and Department of Health KC60 Returns. (Quoted in "On The State Of The Public Health" (1993)).

of information. As will be apparent from **Chart 4.19** more lessons are wanted in sex education, and it is interesting that this subject is seen as being equally important as drugs education. Finally **Chart 4.20** illustrates the amount of attention given to various topics within sex education. Although the great majority of young people are receiving some basic material, it is worrying that only half have had anything at all on personal relationships or on sexually transmitted diseases.

Number and percentage of specimens tested positive for HIV antibody, 1994 and 1995, in England, by age and gender

4.16

	London			Outside London		
	Tested	Positive	%positive	Tested	Positive	%positive
Genitourinary medicine clinics						
Male homo/bisexuals						
<20	120	9	7.5	121	0	0
20-24	1141	87	7.6	541	11	2.03
Male heterosexuals						
<20	975	2	0.2	2011	0	0
20-24	4329	22	0.5	7763	5	0.1
Females heterosexuals						
<20	2618	3	0.1	4390	1	0
20-24	8554	43	0.5	8368	2	0
Antenatal clinics						
Female						
<20	6311	9	0.14	6534	0	0
20-24	19349	48	0.25	18198	1	0.1

Source: Connor et al. (1997).

Responses to the question: "Which of these is your main source of information about sex?"

4.17

Percentages

Responses	11-12		12-13		13-14		14-15	
	M	F	M	F	M	F	M	F
Parents	30.8	44.6	24.5	34.9	23.1	27.7	13.5	21.1
School lessons	25	19.6	30.8	21.9	31.9	23	27.6	18.7
Friends	17.1	13.4	21	17.7	22.2	21.6	31	26.1
Siblings or close relations	3.5	3.8	4.6	4.5	4.2	5.5	4.6	6
School nurse	5.4	6.3	1.1	1.5	0.8	1.1	1.1	0.7
Family Planning Clinic	0.1	0.1	0.2	0.4	0	0.6	0.5	1.3
TV, films	12.6	3.8	11.9	3.9	10.5	2.7	14.5	3
Magazines	2.4	5.6	3.3	12.3	4.7	15.3	5	21.5
Posters, leaflets, ref. books	3	3	2.6	2.7	2.6	2.6	2.3	1.6
Base (=100%)	1558	1670	3986	3581	896	1027	3756	3346

Source: Balding (1998).

Responses to the question: "Which of these should be your main source of information about sex?" **4.18**

Percentages

Responses	11-12		12-13		13-14		14-15	
	M	F	M	F	M	F	M	F
Parents	51.5	68.8	47.5	62.3	47.1	54.6	37	47.5
School lessons	25.7	15.6	33.8	22.9	35.9	28.3	36.8	30.4
Friends	5.3	3.6	5.6	4	5.1	4.7	8.3	5.8
Siblings or close relations	1.2	1.1	2	2.1	1.7	1.8	2.3	2.4
School nurse	6.5	5.9	1.8	2.7	1	3.3	2.6	1.9
Family Planning Clinic	1.1	0.7	0.9	1.1	1	1.5	3.1	4
TV, films	3.9	1.3	4.4	0.9	3.9	0.7	5.5	1
Magazines	2.1	1.7	1.7	2.5	1.7	3	2.2	4.9
Posters, leaflets, ref. books	2.7	1.3	2.2	1.6	2.5	1.9	2.5	2.1
Base (=100%)	1604	1744	4250	3849	953	1084	3999	3563

Source: Balding (1998).

Subjects on which more lessons are wanted, by age and gender **4.19**

Percentages

	Main sample	Male	Female
Drugs	56	53	59
Sex education	54	54	55
HIV (the AIDS virus)	47	41	54
Exercise	44	47	39
Sensible drinking/alcohol	39	40	38
Smoking	39	38	40
Food and diet	34	31	38
Base (=100%)	6406	3396	2976

NB: Unweighted base: all respondents; multi-coding possible.

Source: Turtle et al. (1997).

Topics discussed in class at school, by age and gender **4.20**

Percentages

Those saying topic discussed at least once	Main sample	Male	Female
Sexual development/puberty	84	81	88
Sexual intercourse	74	76	71
Safer sex	70	71	68
Contraceptives	66	65	66
Getting pregnant or getting a girl pregnant	65	64	65
Menstruation/periods	63	45	84
HIV (the AIDS virus)	57	59	55
Other sexually transmitted diseases	53	55	51
Personal relationships with boyfriends or girlfriends	49	51	46
Base (=100%)	4148	2234	1904

Source: Turtle et al. (1997).

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Balding, J. (1998) Young people in 1997. Exeter: Schools Health Education Unit. University of Exeter.

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Johnson, A., Wadsworth, J., Wellings, K and Field, J. (1994) Sexual attitudes and lifestyles. Oxford. Blackwell.

Schofield, M. (1965) The sexual behaviour of young people. London. Longmans.

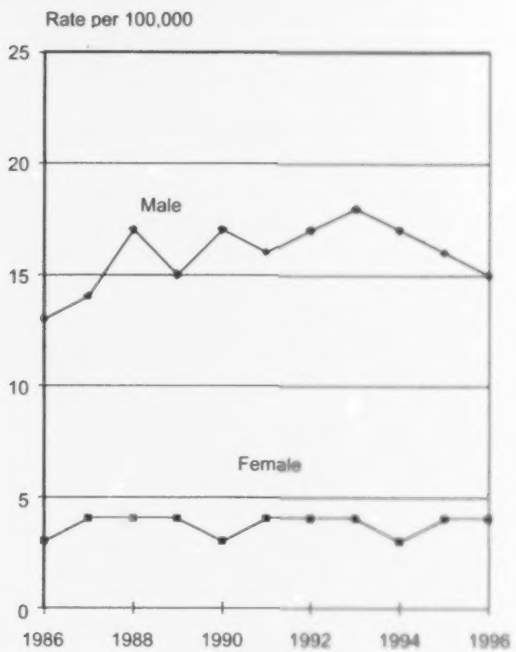
Turtle, J, Jones, A and Hickman, M. (1997) Young people and health: the health behaviour of school-aged children. London. Health Education Authority.

Chapter Five

Mental Health

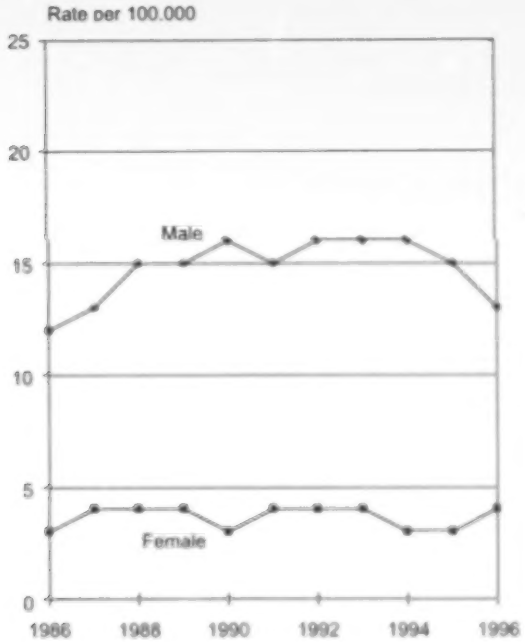
There is little consensus over the meaning of the term mental health. For some it refers to mental illness or mental distress, while for others the notion of mental health has to do with the quality of life, with an emphasis on the positive aspects of health. In this chapter I will be concerned primarily

Suicide rates per hundred thousand population in the U.K. among 15–24 year-olds, 1986–1996 **5.1**



Source: Office for National Statistics; General Register Office for Scotland; General Register Office for Northern Ireland.

Suicide rates per hundred thousand population in England and Wales among 15–24 year-olds, 1984–1994 **5.2**

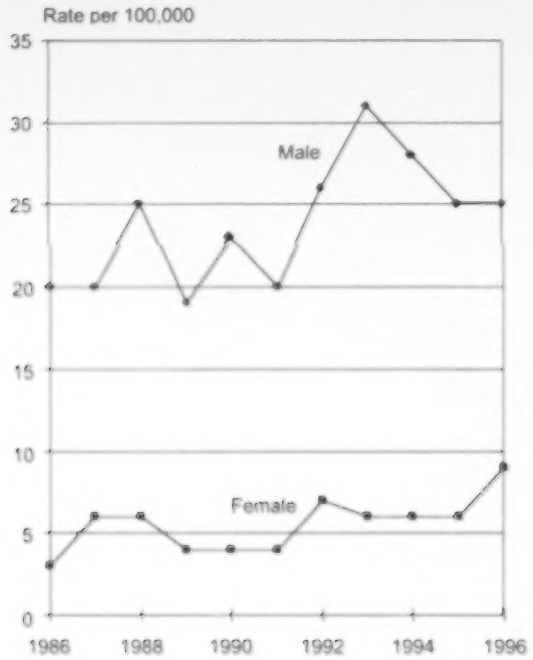


Source: Office for National Statistics.

with the former, and consideration will be given to suicide and other forms of psychosocial problem. Nonetheless it is important not to lose sight of the fact that distress and despair are one side of a coin only. In order to alleviate mental illness thought has to be given to coping and adjustment, and to the supports and resources necessary for people to live a reasonably healthy life. Some reference will be made to this at the end of the chapter.

As far as mental illness is concerned more attention has been paid to the rates of suicide among young men over the last decade than to any other single indicator. This is because rates rose sharply during the 1980's, and as a result the reduction of suicides became another target of the 1991 "Health of the Nation" initiative. The rates for the U.K. as a whole are shown in **Chart 5.1**, while **Charts 5.2, 5.3** and **5.4** show rates for England and Wales, Scotland and Ireland respectively. As can be seen rates for young women are substantially lower than for young men. Rates for young men in the U.K. as a whole rose during the early 1990's, but have fallen to some extent since then. There is considerable regional variation, with Scotland and the Republic of Ireland having significantly higher rates than England and Wales. Figures are particularly low in Northern Ireland, with nine young

Suicide rates per hundred thousand population in Scotland among 15–24 year-olds, 1986–1996 **5.3**



Source: General Register Office for Scotland.

men in the 11-18 year age range having committed suicide in 1994, the most recent year for which figures are available (Barometer: Northern Ireland, 1997).

It should perhaps be noted that these rates are not a sufficiently powerful reflection of the real nature of the problem. A more graphic expression of this is to recognise that in the U.K. as a whole 547 young men between the ages of 15 and 24 successfully took their lives in 1996. Of these 86 were in Scotland and 438 in England and Wales. It is hardly surprising that there is widespread concern over these figures. In **Chart 5.5** the age distribution is shown for suicides and undetermined deaths in England and Wales, and here it can be seen that the numbers increase steadily during the adolescent years. Nonetheless there is still a worrying number below the age of 16 who lose their lives.

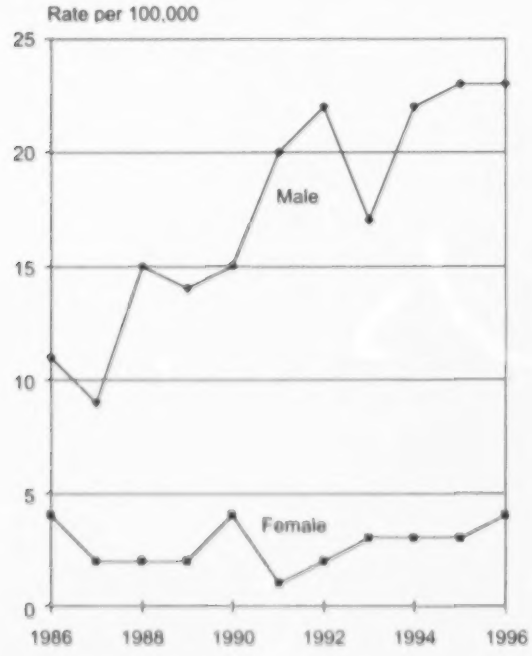
One of the issues addressed by those researching in this area has to do with the numbers of non-accidental deaths which are receiving either an open verdict or one of misadventure. It is argued that there are strong pressures on coroners to avoid a verdict of suicide, and that this is masking

the real extent of the problem. In **Chart 5.6** results from a study by Madge and Harvey (1999) are shown, indicating that there is a significant proportion of deaths, not recorded as suicide, which may be non-accidental.

Turning now to international comparisons **Chart 5.7** shows that, while rates in the U.K. are higher than in some European countries, there are others which have rates substantially higher than those in Britain. Most startling are rates in countries such as Norway and Finland, Australia and New Zealand, and in the Russian Federation. It is regrettable that more recent figures are not at present available. Suicide rates in the European Union have also been made public by Eurostat, and these are illustrated in **Chart 5.8**. Here no distinction is made between males and females, and again figures are for the earlier years of the 1990's, but the comparisons are similar. Finland, Ireland and Austria, according to these figures, have the highest rates of youth suicide in the E.U.

Suicide rates per hundred thousand population in Ireland among 15–24 year-olds, 1986–1996

5.4



Source: Central Statistical Office, Cork, Ireland.

Number of suicides and undetermined deaths by age and gender in England and Wales, 1982-1996

5.5

Numbers

Years Old	Males			Females		
	Suicide	Undetermined	Total	Suicide	Undetermined	Total
10	0	9	9	0	2	2
11	2	9	11	0	3	3
12	3	16	19	1	5	6
13	9	33	42	11	6	17
14	24	42	66	11	23	34
15	50	61	111	31	38	69
16	114	90	204	42	42	84
17	234	142	376	64	56	120
18	392	228	620	83	71	154
19	505	233	738	117	78	195
Total 10-19	1333	863	2196	360	324	684

Source: Kelly and Bunting (1998).

Coroners' verdicts in relation to suicide and other types of death among 10-19 year olds in England, 1980-1996 (Figures from one London coroner's office).

5.6

Numbers

Verdict	Males		Females	
	Total Deaths	Possibly non-accidental (FSI group)	Total Deaths	Possibly non-accidental (FSI group)
Suicide	21	21	5	5
Open (15+ years)	20	12	11	5
Open (10-15 years)	2	0	0	0
Accident	135	2	26	3
Misadventure	73	18	25	12
Other	38	–	122	–
Total	289	53	122	25

FSI = Fatal self-injury.

Source: Madge and Harvey (1999).

Deaths by suicide and self-inflicted injury, shown as rates per hundred thousand population, in those aged 15–24 in the period 1991–1993: an international comparison

5.7

Country	Males	Females	M/F ratio
Greece	3.8	0.8	5
Portugal	4.3	2.0	2
Italy	5.7	1.6	4
Spain	7.1	2.2	3
Netherlands	9.1	3.8	2
Sweden	10.0	6.7	1
Japan	10.1	4.4	2
UK	12.2	2.3	5
Germany	12.7	3.4	4
Denmark	13.4	2.3	6
France	14.0	4.3	3
Ireland	21.5	2.0	11
United States	21.9	3.8	6
Canada	24.7	6.0	4
Switzerland	27.3	4.8	5
Australia	27.3	5.6	5
Norway	28.2	5.2	5
Finland	33.0	3.2	10
New Zealand	39.9	6.2	6
Russian Federation	41.7	7.9	5

Source: Children, no. 21, June — Children is published by the New Zealand's Office of the Commissioner for Children (1996).

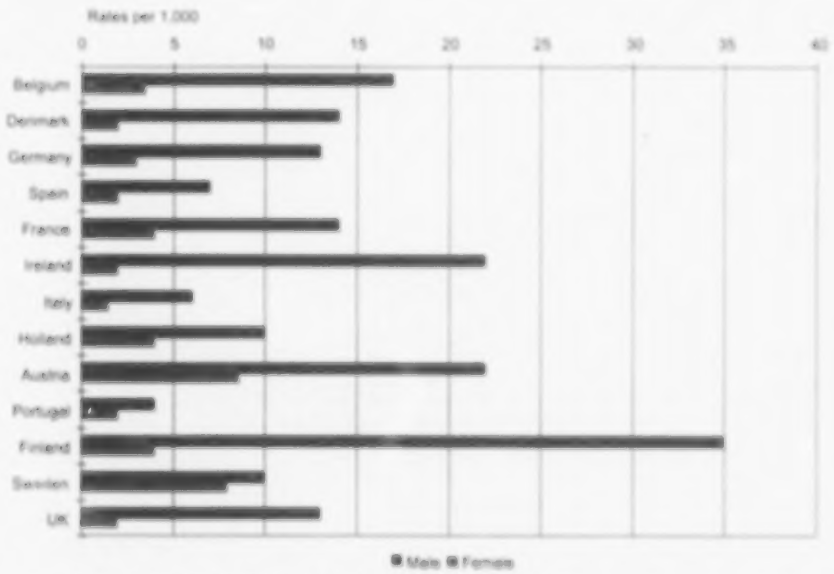
Accurate information on the rates of attempted suicide is, for obvious reasons, more difficult to obtain. Episodes of self-harm may or may not be recorded depending on the circumstances. In a recent review Kerfoot (1996) states that attempted suicide is very much more common in girls than in boys, the ratio being in the order of 4:1. The most frequent method used is self-poisoning, usually through an overdoses of tablets. While it is difficult to estimate actual numbers Hawton and Fagg (1992) argued that, extrapolating from their work in Oxford, it could be that as many as 20,000 young people in England and Wales would be referred to hospital in any one year as a result of deliberate self-harm.

Two questions are often posed in relation to attempted suicide. Firstly, are the numbers going up? And secondly, are more young men engaging in this behaviour today than has been the case previously? The answers to these questions are partly answered by Hawton et al.'s (1999) study carried out in the Oxford region over the last ten years. The results from this research are illustrated in **Chart 5.9**, showing that the numbers of both young men and young women who attempt suicide and are referred to hospital have varied considerably over the decade. The results also show that there is a moderate increase in both genders, but that the differential remains the same today as it was ten years ago.

Turning now to the prevalence of psychiatric disorder, a report by Melzer and others (1995) gives as clear a picture as any of the situation in Britain, although it has to be noted that good studies in this field which would give an up-to-date perspective are urgently needed. As can be seen from the figures in **Chart 5.10** rates of neurotic disorder are significantly higher in women than in men. Interestingly there appears to be little increase with age for women, but a marked change among men if the 16-19 year age group is compared with other age groups.

Number of suicides per 100,000 young people aged 15-24 in European countries in 1993

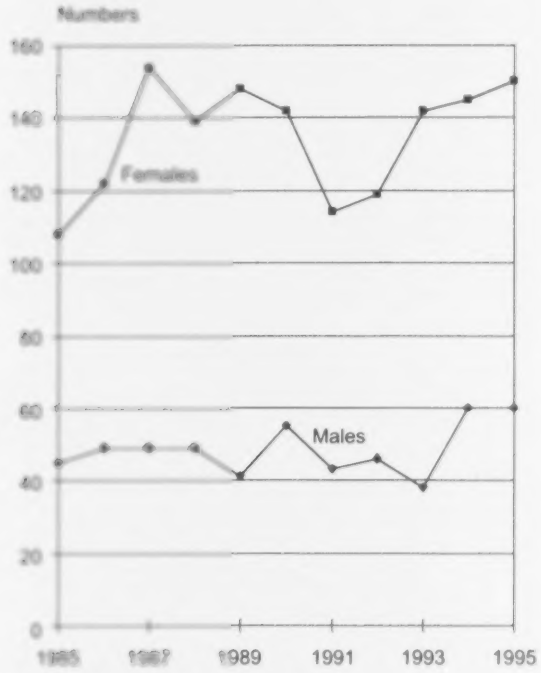
5.8



Source: WHO World Health Statistics Annual, 1995.

Number of individuals under the age of 19 referred to general hospital in Oxford as a result of deliberate self-harm, 1985-1995

5.9



Source: *Hawton et al (1998).*

To obtain accurate figures on the rates of depression in the general population is very difficult indeed. This is partly because there are many ways of defining depression, and different studies use different criteria. Fombonne (1995a) makes a helpful distinction between three levels of depression: depressed mood or affect, which can occur amongst any individual, but is more than normal sadness; depressive syndrome, which refers to a constellation of symptoms, such as tearfulness, loss of appetite, sleep disturbance, suicidal thoughts and so on; and depressive disorder, which corresponds to a psychiatric diagnosis of serious depression. With these distinctions in mind we can note that Harrington (1995) states that among the adolescent population in Britain the prevalence of depressive disorder is around 2-3%, with the gender ratio being 2:1. Thus girls are twice as likely as boys to suffer a depressive disorder.

One study published in Eurostat has compared 15 year olds in different

Prevalence of psychiatric disorders among young people aged 16–29 living at home in 1993, in Great Britain

5.10

Percentages

Type of disorder	16-19	20-24	25-29	All aged 16-64
Males				
Any neurotic disorder	7.0	12.0	12.0	12.0
Functional psychoses	0.3	0.5	0.5	0.4
Alcohol dependency	11.0	18.0	12.0	8.0
Drug dependency	8.0	11.0	3.0	3.0
Females				
Any neurotic disorder	19.0	21.0	18.0	20.0
Functional psychoses	0.0	0.0	0.7	0.4
Alcohol dependency	7.0	4.0	3.0	2.0
Drug dependency	6.0	3.0	2.0	2.0

Source: Meltzer et al. (1995).

European countries, and the higher rates of depression among females are clearly illustrated here. Results are shown in **Chart 5.11**. From this it can also be seen that girls are more likely than boys to feel lonely, whilst boys are more likely to feel under pressure from their parents. Particularly high rates of pressure are experienced in Spain and French speaking Belgium, whilst high rates of depression are experienced in France, Austria and again in French speaking Belgium.

Eating disorders represent another mental health problem which has been very much in the forefront of public awareness in recent years. In an excellent review Fombonne (1995b) states that the mean age of onset of anorexia is 17 years, and that most studies show that the rate for this disorder peaks between the ages of 15 and 19. The rate of anorexia is about ten times higher in females than in males. Anorexia rarely starts before puberty, but among those who do manifest this problem at an early age there are more boys than girls. Most studies show bulimia to have a later onset than anorexia, but to have a similar gender distribution. Fombonne summarises results from general population studies, and demonstrates

Mental health issues among 15 year olds in different European countries, 1993-1994 **5.11**

Percentages

	Often feeling lonely		Feeling depressed at least once a week		Thinking their parents too demanding in terms of school work	
	M	F	M	F	M	F
Belgium (French speaking)	19	26	22	33	50	40
Belgium (Flemish speaking)	10	17	25	33	43	29
Denmark	2	5	10	34	21	13
Germany	7	17	10	19	28	25
Spain	8	14	-	-	62	57
France	14	25	37	50	49	36
Austria	10	21	10	19	34	31
Finland	9	11	24	39	23	12
Sweden	5	13	21	40	33	20
England & Wales	12	18	21	38	41	37
Scotland	8	16	17	31	47	37
Northern Ireland	9	14	30	42	44	30

Source: The Health of Youth: A Cross-national Survey. WHO Regional Publications. European Series No. 69. 1996.

that these are consistent in showing a prevalence rate of between 1 and 2 per thousand women suffering from anorexia at any one time.

Over the last few years there has been concern over particular groups of young people who may be considered to be especially vulnerable. Those from ethnic minorities are one group where it is possible that there are high rates of mental health problems, yet unfortunately there have been no substantive studies of this issue. This is regrettable, since such information would be very helpful in planning adequate support and treatment. Another population about which concern has been expressed is the group of young people in the care of the local authority. In one study McCann et al (1996) showed a very worrying picture, for results from this research indicated that 67% of the in-care sample had a classifiable mental health problem, whilst 15% of the control group did so. Findings from this study are illustrated in **Chart 5.12**. Results such as these have prompted a call for more research in this area.

Prevalence of psychiatric disorders among adolescents in the care system

5.12

Percentages

	In Care	Controls
Prevalence rate of disorder	67	15
Conduct disorder	28	0
Anxiety disorder	26	3
Major depressive disorder	23	3
ADHD	14	2
Functional psychosis	8	0

Source: McCann et al (1996).

Experience of being bullied at school, by gender

5.13

Percentages

	Whole sample	Male	Female
Never been bullied	49	50	49
Been bullied in past but not this term	28	27	30
Been bullied this term:	18	19	17
once or twice	11	12	10
sometimes	3	3	4
about once a week	1	2	1
several times a week	2	3	2
Base (100%)	6406	3396	2976

Source: Turtle et al. (1997).

Bullying in school is another issue which has been of concern to mental health professionals over the last decade, and much thought has been given to devising methods of combatting the problem. The most extensive study of bullying in England so far is that carried out by Smith and his colleagues (Smith and Sharp, 1994). These authors reported approximately 10% of young people being bullied at least once a term, but there were variations by age and gender. A more recent study was that reported in Turtle et al (1997), and illustrated in **Chart 5.13**. From this it can be seen that bullying is a very serious problem, with 19% of boys and 17% of girls reporting being bullied during the current school term. Clearly there is much work for schools to do in this area.

Turning now to the even more serious problem of abuse, estimates vary widely as to the extent of this, and it is difficult to obtain any figures which can be considered reliable. What is available is the number of those on child protection registers, and these are set out in **Chart 5.14.** From this it can be seen that there is an approximately equal distribution between the ages of 1-4, 5-9, and 11-15. Those who are over 16 form a small proportion of the total. It is also of note that there has been some reduction in the numbers in most age groups apart from those who are under one year of age.

At the outset of this chapter reference was made to the importance of considering the positive element inherent in the concept of mental health.

Numbers on Child Protection Registers, by age, in England, 1988-1998

5.14

Numbers

	All ages	Under 1	1-4	5-9	10-15	16 & over
1988	39,200	2,400	12,600	12,800	9,700	1,700
1989	41,200	2,700	13,600	13,200	10,100	1,600
1990	43,600	2,700	14,200	14,000	11,000	1,600
1991	45,300	2,800	14,600	14,500	11,700	1,700
1992	38,600	2,500	12,000	12,200	10,400	1,500
1993	32,500	2,300	9,900	10,000	9,100	1,100
1994	34,900	2,700	10,500	10,700	9,700	1,000
1995	35,000	2,900	10,800	10,600	9,600	900
1996	32,400	2,600	9,900	10,000	8,800	900
1997	32,400	2,800	9,800	10,000	8,700	800
1998	31,600	2,800	9,600	9,800	8,500	700

Source: Children and Young People on Child Protection Registers, Department of Health. 1998.

Respondents who answer "Quite a lot/A lot" to the question: How much do you worry about these problems? **5.15**

Numbers

	Males				Females			
	11-12	12-13	13-14	14-15	11-12	12-13	13-14	14-15
School	11.5	17.3	18.2	23.5	14.6	19.3	25.1	34.8
Money	10.6	14.8	19.3	22.4	10.5	17.6	24.0	30.6
Health	12.0	12.4	16.0	14.2	14.7	21.2	22.9	24.7
Career	7.1	9.4	16.0	20.9	5.7	10.0	19.5	29.4
Unemployment	6.1	9.1	11.6	17.2	4.3	7.5	12.0	20.7
Friends	10.7	12.2	16.1	12.5	20.6	28.2	33.6	31.3
Family	15.1	18.8	22.8	19.3	20.1	29.0	35.0	38.5
The way you look	15.1	21.5	25.5	26.3	29.0	43.4	50.6	53.6
HIV/AIDS	6.0	8.2	8.6	12.7	6.5	10.3	12.7	17.0
Gambling	5.9	5.8	5.3	6.0	3.5	5.0	3.8	4.0
Smoking	11.2	11.6	10.6	12.9	10.5	14.5	14.8	14.7
Drinking	8.6	7.9	7.8	8.8	7.8	10.1	10.1	10.4
Drugs	13.4	13.7	14.5	16.1	12.4	16.8	16.4	18.6
None of these	54.7	45.5	38.1	34.5	46.7	32.4	21.9	18.4
Worry about at least one	45.3	54.5	61.9	65.5	53.3	67.6	78.1	81.6
Base (100%)	2368	5203	1572	4933	2465	4708	1674	4394

Source: Balding (1998).

While this is not the place for an essay on topics such as stress, or on coping and adjustment, there has been much in the literature recently on subjects such as these (e.g. Frydenberg, 1997). To end this chapter it is instructive to look at the results of a question posed in the Exeter survey on young people's worries.

Respondents were asked what they worry about at the present time, and results are illustrated in **Chart 5.15**. From this it can be seen that in general girls are more likely to worry than boys, that the extent of worries increases with age, and that the most striking gender differences are found in the areas of friends and family. The numbers who do not worry at all decreases with age. Around half fall into this category in the first year in secondary school, but by the time young people are facing GCSE's and a move to another form of education or training only 18% of girls and 34% of boys say they do not worry about any of the items mentioned in the list.

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Chapter Six

Crime

Youth crime has aroused as much public concern during the 1990's as almost any other aspect of adolescent behaviour. Fears that growing numbers of young people are becoming involved in crime have been widespread, and as a result a range of new policies have been introduced into the youth justice field.

There has been much debate about the efficacy of custody in contrast to preventive community programmes, and increasingly governments have sought ways of making parents responsible for the criminal behaviour of their sons and daughters. Most significant of all has been the new legislation incorporated into the Crime and Disorder Act of 1998. This established a Youth Justice Board, with wide-ranging powers to oversee youth justice initiatives, and a responsibility to improve the way offending behaviour is dealt with. The Board is also charged with finding ways of reducing offending, of streamlining court procedures, and of introducing a cross-professional approach to dealing with young criminals in the community. It should also be noted that a landmark review of research on the antisocial behaviour of young people has recently been published, providing an essential analysis of what has been learnt on this subject over the last thirty years (Rutter et al. 1998).

As will become apparent from the data illustrated in this chapter there is little evidence of any great increase in the level of crime committed by young people during the last decade. There has been a small increase among men between the ages of 18-20 and among young women between 14 and 17, but this is offset by decreases among other age groups. Overall there have been no major changes in the extent of youth crime, as far as can be judged from the statistics available.

The first figures to be considered have to do with the peak age of offending. As will be clear from **Chart 6.1** there is a significant difference between males and females in rates of offending. For young men offending

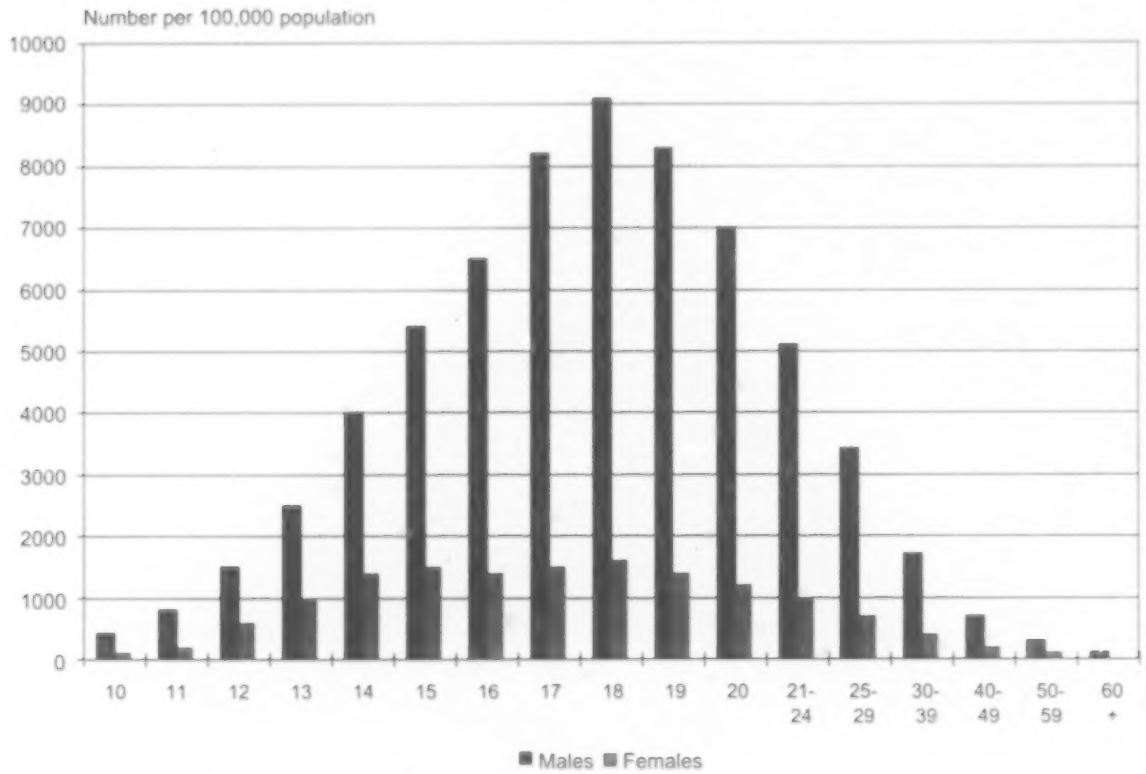
reaches a peak at 18, while for young women much the same level of offending can be seen between the ages of 14 and 19, so that there is no obvious peak age of offending for females.

As far as the numbers of young people found guilty or cautioned for indictable offences in the period 1987 - 1997, it can be seen from the figures in **Chart 6.2** that the picture is complex. As has already been noted there cannot be said to have been an overall increase in offending. Different age groups show somewhat different trends, with a notable fall among 18-20 year old women since 1992, and a slight rise among men in the same age group. Turning now to those cautioned as a percentage of those found guilty, it will be seen from the figures in **Chart 6.3** that the use of cautioning has increased, especially among the older age groups.

A consideration of the figures in **Chart 6.4** indicates how high a percentage of all offences among this age group involves theft and burglary.

Persons found guilty of, or cautioned for, indictable offences per 100,000 population by age, in 1997, in England and Wales

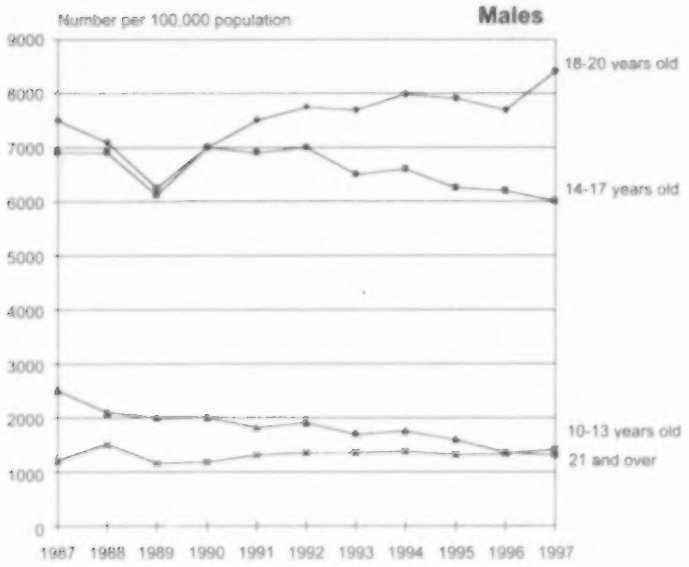
6.1

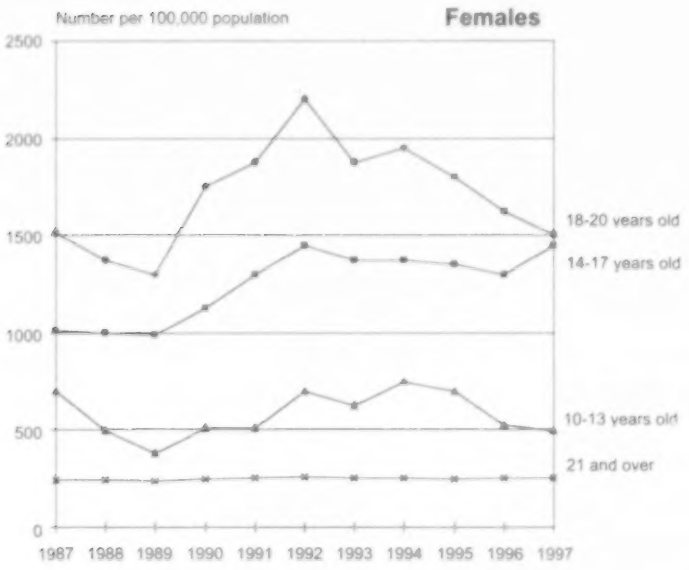


Source: Criminal Statistics, England and Wales, 199. Stationery Office (1998).

Persons found guilty of, or cautioned for, indictable offences per 100,000 population by age group, 1987–1997, in England and Wales

6.2





Source: Criminal Statistics, England and Wales, 199. Stationery Office (1998).

Offenders cautioned as a percentage of offenders found guilty or cautioned, by year and age group in England and Wales

6.3

Percentages

Year	Males				Females			
	10 and under 14	14 and under 18	18 and under 21	21 and over	10 and under 14	14 and under 18	18 and under 21	21 and over
1987	86	49	11	11	96	73	22	28
1988	86	49	12	12	95	70	24	29
1989	88	52	15	13	95	72	27	31
1990	90	58	19	16	96	77	34	34
1991	90	59	23	18	97	80	41	40
1992	91	63	29	23	97	84	50	46
1993	90	63	32	26	97	84	52	46
1994	87	60	34	25	97	81	50	44
1995	86	58	35	26	96	79	51	44
1996	86	54	35	26	96	76	50	44
1997	83	52	35	26	94	72	48	42

Source: Criminal Statistics, England and Wales, 199. Stationery Office (1998).

In the youngest groups these offences account for over 50% of all offences, but this does reduce with age. It is also notable that drug offences as a proportion of all offences increase with age, especially in men. Drug offences in males between 18 and 21 account for approximately 40% of all offences in this age group.

It is instructive to consider disposals made by the courts of those who are found guilty of indictable offences among the 14-17 year age group. Such figures are presented in **Chart 6.5**, from which it will be clear that the very great majority of these young people receive cautions or discharges. In relation to disposals it will be evident from **Chart 6.6** that the numbers of those given custodial sentences have risen steadily during the 1990's. Over a span of five years the proportion of those in the 18-21 year age range given custodial sentences has increased from 11% to 16% of disposals among males and from 2% to 5% among females.

One of the major concerns of those opposed to the use of custody for young people has been an awareness of high rates of reoffending amongst this group. Figures illustrated in **Chart 6.7** will do nothing to allay such a concern. It can be seen from these data that whilst 62% of adults reoffend

Offenders found guilty or cautioned, by gender and type of offence in England and Wales, 1997

6.4

Thousands

Indictable offences	Males				Females			
	10 and under 14	14 and under 18	18 and under 21	21 and over	10 and under 14	14 and under 18	18 and under 21	21 and over
Violence against the person	1.5	5.6	2.3	8.9	0.5	1.9	0.5	2.4
Sexual offences	0.2	0.5	0.2	1	0	0	0	0
Burglary	2.6	4.3	0.7	1	0.2	0.4	0.1	0.2
Robbery	0.2	0.3	0	0	0	0.1	0	0
Theft and handling stolen goods	8.4	18.6	6.7	19.1	4.4	9.6	3.4	12.8
Fraud and forgery	0.1	0.9	0.8	2.8	0.1	0.4	0.4	1.7
Criminal damage	0.7	0.9	0.3	0.6	0.1	0.1	0	0.1
Drug offences	0.3	8.7	13.5	27.5	0	0	1.3	4
Other	0.2	1.1	0.7	2.3	0	0	0.1	0.4
Total (excluding motoring offences)	14.1	40.8	25.2	63.2	5.4	13.4	5.7	21.5

Source: Criminal Statistics, England and Wales, 199. Stationery Office (1998).

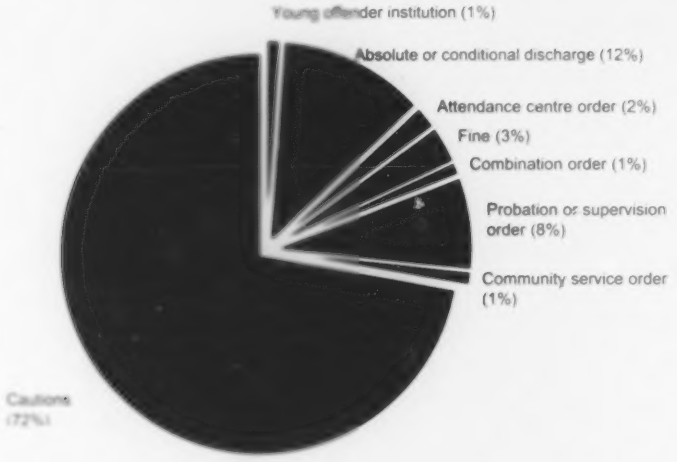
within five years of a custodial sentence, in the 14-17 year age group the rate is 90%.

Statistics in relation to crime are open to all manner of criticism, and one charge that is often levelled is that appearances in court are a serious underestimate of the true rate of offending. One way of getting around this problem is to look at self-reported offending behaviour. Graham and Bowling (1995) carried out such a study with 2,500 teenagers and young adults, and a portion of their results is illustrated in **Chart 6.8.** From this it can be seen that 30% of young men report being involved in some form of criminal activity, with property offences being the most common form of offence.

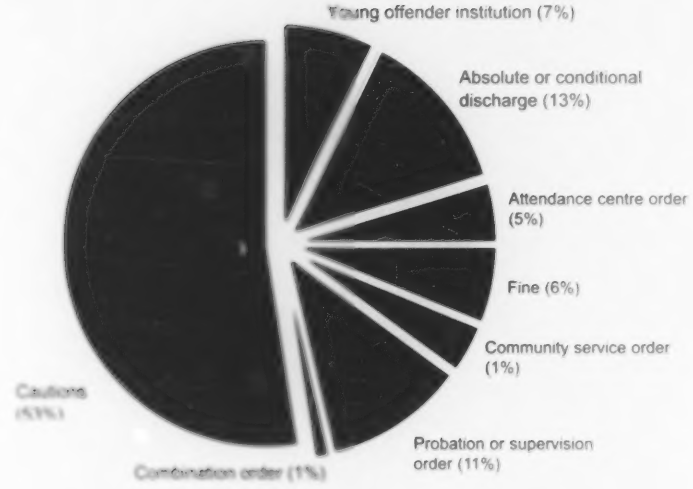
Disposals by the courts of those aged 14–17 found guilty or cautioned for indictable offences in England and Wales, 1997

6.5

Females



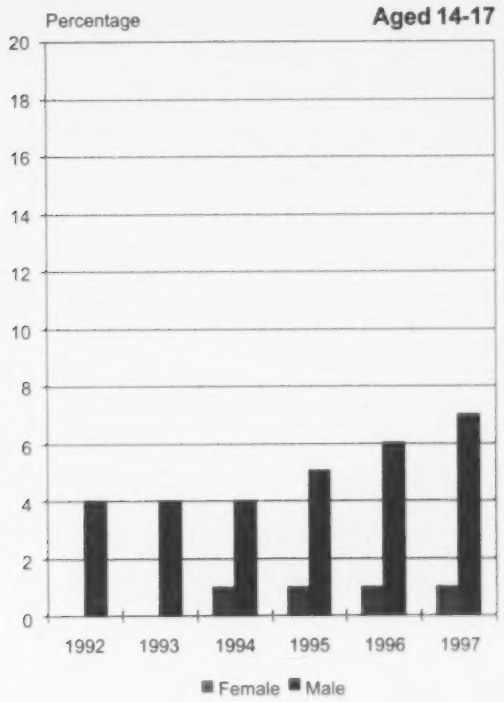
Males

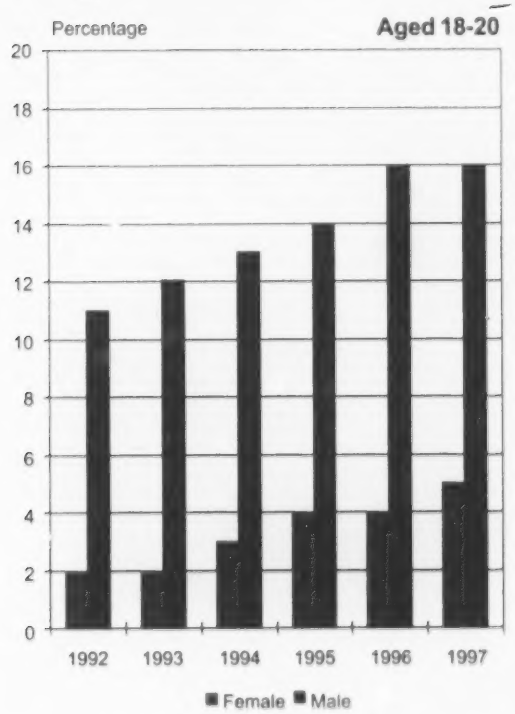


Source: Criminal Statistics, England and Wales, 199. Stationery Office (1998).

Custodial sentences for those aged 14-20, in England and Wales, by gender, 1992-1997, as a percentage of all those sentenced or cautioned in the courts

6.6





Source: Criminal Statistics, England and Wales, 199. Stationery Office (1998).

One of the most controversial issues in relation to crime has to do with the proportions of those involved who come from ethnic backgrounds. There is a general perception that Afro-Caribbean young men have a greater involvement in offending behaviour than young men from other ethnic

Five year reconviction rates for sentenced prisoners discharged from Prison Service establishments during 1987 **6.7**

	Percentages
Age at sentence	
Adults	62
All young offenders	83
By age: 14-16	91
15-17	89
16-18	86
18-20	81
18-21	77
Total	70

Source: Home Office. Hansard, col 398 (29th April 1996).

Participation in offending and drug use by age group and gender, 1992 **6.8**

Percentages

Offence group	Males			Females		
	14-17	18-21	22-25	14-17	18-21	22-25
Property offences	17	25	27	13	9	3
Violent offences	12	9	4	7	4	<1
Vandalism, graffiti and arson	8	8	0	8	1	<1
Drug use	17	47	31	17	17	22
All offences	24	31	31	19	11	4

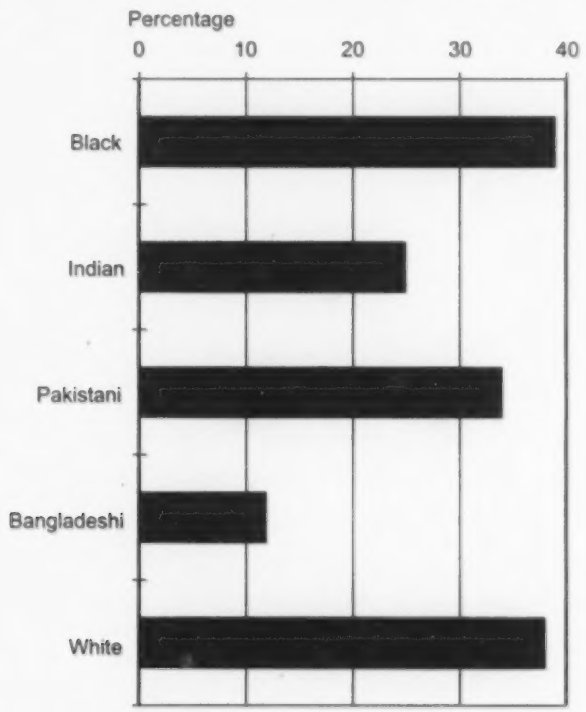
Source: Graham and Bowling (1995).

groups. Smith (1995) lends credence to this view when he writes: "In summary, it seems clear that in Britain the crime rate among Afro-Caribbeans is substantially higher than among whites." (p.444). However not all studies support this conclusion. The evidence illustrated in **Chart 6.9** shows the same rate of property offences among black and white young people between the ages of 14 and 25, and a similar finding is reported in Graham and Bowling (1995). Their results, deriving from self-reports, indicate very similar levels of property crime and vandalism between whites and Afro-Caribbeans, with a marginally higher level of violence among the latter group. Pakistani, Bangladeshi and Indian young people show lower levels of all types of offending.

In a worrying report published by the Audit Commission entitled "Misspent Youth" (1996), and updated in 1998, it was shown that current procedures at youth courts in England and Wales are far from satisfactory.

14–25 year-olds committing property offences in England and Wales, by ethnic background, 1993

6.9



Source: Focus on Ethnic Minorities (1996). Office for National Statistics. © Crown Copyright.

An analysis of 200 youth court appearances shows that 79% of cases are adjourned, whilst in only 17% is there a sentence, and 3% are withdrawn. The reasons for adjournment are shown in **Chart 6.10**. As the report points out, with such a high rate of adjournments, it is hardly surprising that young people have to appear in court a number of times. The average number of appearances in any one case in the study carried out by the Audit Commission was 4, with some teenagers coming to court as many as 7 times in all. One of the tasks of the newly established Youth Justice Board is to address this problem, and to find ways of reducing the time between offence and sentence.

To be placed in custody at a young age can be a cause of great distress, especially if the young person is far from home. The situation may be even more difficult if the custodial placement is as a result of a remand rather than a sentence, and far too many of those in custody under the age of 21 are on remand. Again this is something that the Youth Justice Board intends to address, with increasing use of bail hostels, and the introduction of other schemes to reduce the number of those on remand being sent to prison. One exteme reflection of the distress experienced by some young people may be seen in self-destructive behaviour. The number of suicides in prison has worried many commentators, and the extent of the problem is

Reasons for adjourning youth court appearances **6.10**

79% of cases adjourned because:	Percentage
Youth/parents not present	17
Defence lawyer not present/briefed	15
Advance disclosure inadequate	11
Pre-sentence report required	11
Legal aid not sorted out	5
CPS problems	5
Pending result of other trial	5
Other reasons	4
Youth not produced from custody	3
Court over-listed	2
Plea of not guilty	1

Source: Misspent Youth: Young People and Crime. Audit Commission, London (1996).

illustrated in **Chart 6.11**. From this it can be seen that the data are not always collected in comparable form, but clearly the number of those committing suicide in custody has remained at worrying levels in spite of the introduction of new training among staff.

One of the legislative changes of the 1990's has been the introduction of wider powers enabling courts to fine or otherwise punish parents for the offences committed by their children. Indeed in the recent Crime and Disorder Act this is taken even further through the introduction of the Parenting Order, by which the courts will be able to order parents to attend counselling or parenting courses. It is too early to say how this will work, but as far as fines and compensation are concerned, figures in **Chart 6.12** show to what extent these powers have been used since 1992. As will be seen the numbers are not great, but in percentage terms there has been a gradual increase in the use of this option during the period 1992-1997.

Turning now to the question of victimisation, there is strong evidence to show that young men in particular suffer as victims of crime. Thus not only are males in late adolescence and early adulthood the group most likely to

Numbers of suicides in prison, by age, in England and Wales, 1996 and 1998

6.11

1996 Numbers		1998 Numbers	
	No. of deaths		No. of deaths
16-20	12	16-21	15
21-25	14	22-25	9
26-30	14	26-30	21
31-35	9	31-35	17
36-40	5	36-40	13
41-45	4	41-45	3
46-50	2	46-50	2
51-55	2	51-55	1
56-60	1	56-60	1
60+	1	61+	1
Total	64	Total	83

Source: HM Prison Service Suicide Awareness and Prevention Unit.

be committing crime, they are also those most likely to be the victims of offences against the person. This can be seen from the data in **Charts 6.13** and **6.14**. From these it will be evident that both young men and young women are more likely than any other age group to be the victims of violence. In addition, however, it is of interest to note that those committing violence are far more likely to be acquaintances than to be either strangers or family members.

Finally in this chapter it may be of interest to consider evidence presented in the publication "Misspent Youth" already referred to earlier. Evidence in this report gives the reasons provided by young people to explain their offending behaviour. A sample of those on supervision orders

Young people aged 14-17 sentenced for indictable offences whose parents were ordered to pay fines or compensations, 1990-1997

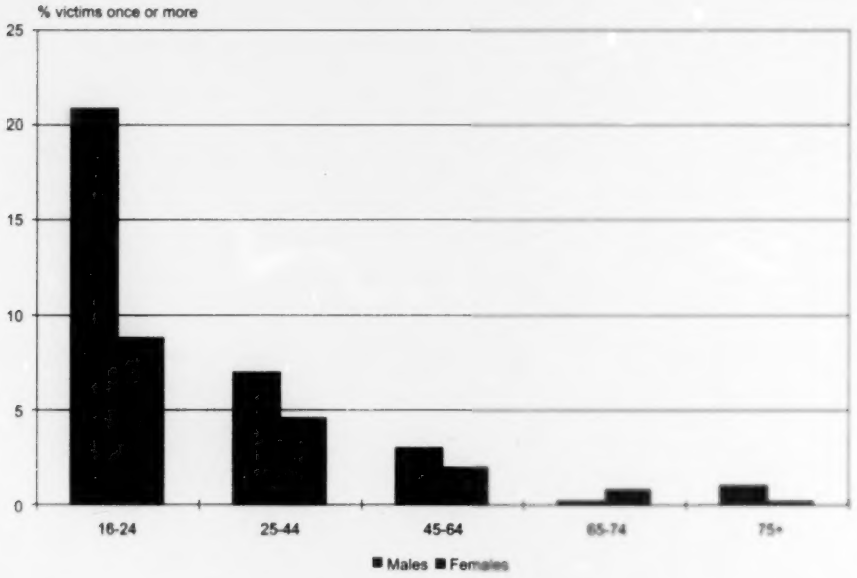
6.12

	Parents to pay fine		Parents to pay compensation	
	Number	As a percentage of all fines	Number	As a percentage of all compensation orders
Males				
1990	403	4	1048	8
1991	286	4	871	9
1992	259	5	866	10
1993	186	6	953	12
1994	292	8	1415	16
1995	390	10	1665	19
1996	324	8	1694	19
1997	375	8	1864	22
Females				
1990	56	5	110	8
1991	33	4	112	11
1992	34	6	101	10
1993	26	6	114	13
1994	44	11	203	17
1995	73	15	240	22
1996	47	10	262	23
1997	53	11	264	22

Source: Criminal Statistics, England and Wales, 199. Stationery Office (1998).

Proportion of adult victims of violence, by age and gender, 1998

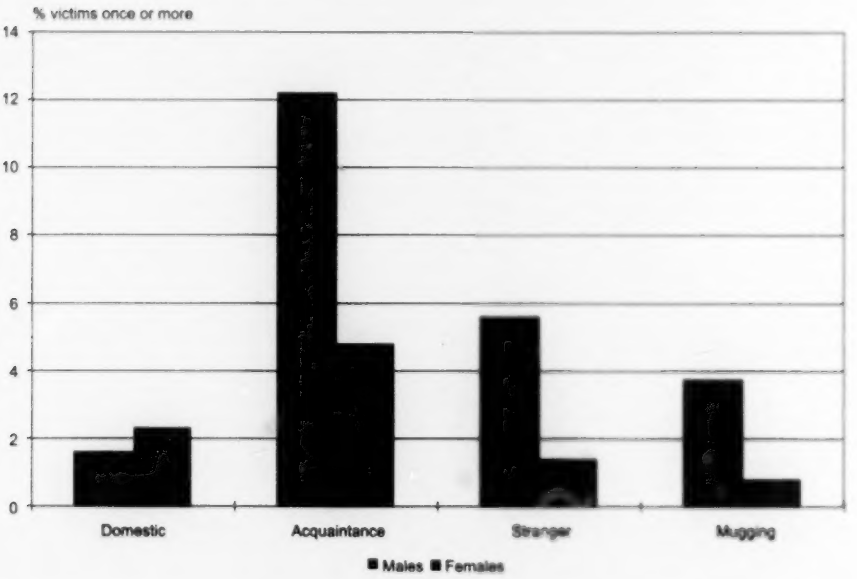
6.13



Source: British Crime Survey. Research and Statistics Directorate, The Home Office.

Origins of violence, for 16-24 year olds, by gender, 1998

6.14

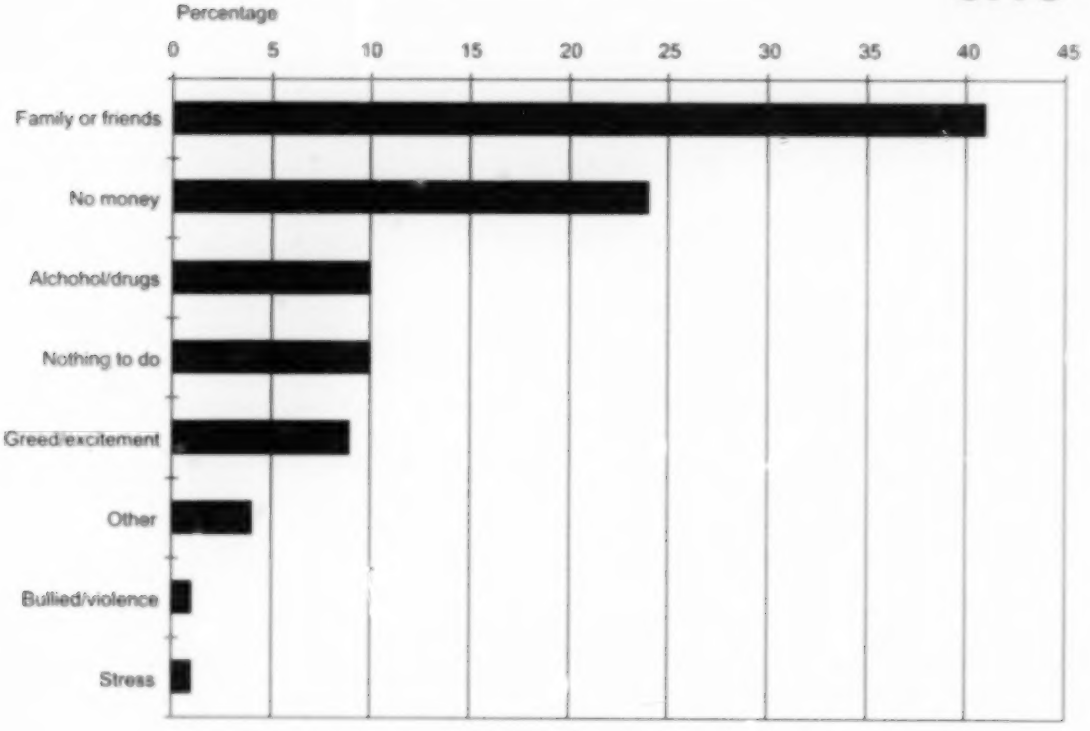


Source: British Crime Survey. Research and Statistics Directorate, The Home Office.

were asked the main reason for their offending, and the answers are illustrated in **Chart 6.15**. The finding that family and friends are very influential in relation to crime is not new, but it should encourage greater attention to be paid to the social context of youth crime. The fact that one quarter of the sample cite lack of money as a reason for offending must surely have some implications for youth policy.

At the time that this is being written, in the early months of 1999, it is evident that in England and Wales a new era of youth justice policy has commenced. The creation of multi-professional Youth Offending Teams in every local authority will change the face of youth justice procedures across the country. The introduction of Detention and Training Orders, having the goal of reducing the time spent by offenders in custody, and ensuring that preparation for life in the community is an integral part of any custodial sentence, should offer new hope to offenders and professionals alike. Parenting Orders and Child Safety Orders will make alternative options available to the courts. Above all, the creation of the Youth Justice Board will mean that for the first time a government agency is set up to have a specific focus on youth crime. The impact of its work on crime statistics will be watched carefully by all in the field.

Reasons given by young offenders for their behaviour **6.15**



Source: Misspent Youth: Young People and Crime. Audit Commission, London (1956).

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